TREATISE

ONTHE

THEORY and PRACTICE

OF

MIDWIFERY.

BY W. SMELLIE, M. D.

A NEW EDITION

TO WHICH IS NOW ADDED, HIS

SET OF ANATOMICAL TABLES,

EXHIBITING

The VARIOUS CASES that occur in PRACTICE!

Accurately engraven on

FORTY COPPERPLATES;

WITH EXPLANATIONS.

IN THREE VOLUMES.

VOL. II.

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PREFACE.

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THE following Collections are intended to confirm and illustrate the method of practice recommended in my former Treatife, or first volume upon Midwifery; and are placed in the fame order observed in that performance, to which they have references, as well as to a series of tables, to the number of thirty-nine*, now ready for publication, which I have prepared, with a view to demonstrate and explain what otherwise might not be so well understood. These will, in some measure, supply the want of proper references in the former impressions of the first volume; though that defect is remedied in this edition.

Between the years 1722 and 1739, while I practifed in the country, I took notes of all the remarkable cases that occurred in midwifery; but in London, since the year 1740 to the present time, I have been more careful and minute

^{*} A fortieth has been fince added by the late DrTho-

in forming a Collection, with a view to

make it public.

From a great number of inflances, I have selected only the most material, and such as were best adapted to the nature of my plan; for I was unwilling to tire the reader with a succession of parallel histories that contain nothing essentially different from one another.

In order to render the performance ftill more complete, I have taken from authors of the best authority, a few extraordinary cases which seldom occur, as well as borrowed some medical transactions from the most approved modern physicians.

From the instances of natural and tedious labours, the young practitioner will learn how to behave in the like occurrences; and, above all things, to beware of being too hasty in offering affistance, while Nature is of herself able

to effectuate the delivery.

Among the laborious cases, he will find a variety of examples, by which he will know when it is absolutely necesfary to use the forceps. In my private practice, I have very seldom occasion for the assistance of that or any other instrument; but I have often been called in by other practitioners, to cases in which I have had opportunities to use it with success.

The forceps and fillet were contrived with a view to fave the child, by helping along the head in extraordinary cafes when nature was exhausted, and to prevent, as much as possible, the use of sharp instruments, when the mother's life was in danger. But if these expedients are used prematurely, when the nature of the case does not absolutely require such assistance, the mischief that may ensue will often overbalance the service for which they were intended: and this consideration is one of my principal motives for publishing this second volume.

In my first, among the improvements and alterations that have been made in the forceps, I mentioned a long pair, curved to one side, which I contrived several years ago, for taking a firmer hold of the head in the pelvis when high; but I did not then recommend the use of them, because I was asraid of encouraging young practitioners to exert too great force, and give their assistance too soon. Of late, however, I have found them very serviceable in helping along

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the child's head, in preternatural cases, after the body and arms of the fœtus were brought down, and it could not be delivered without destroying the child, by overstraining the neck and

jaw.

On fuch occasions, they are more convenient than the fhort and straight fort, because they take a firmer hold; as will appear in the perufal of Tab.XXXV. and also in Col. XXXIV. of the third volume. They are also useful to assist the delivery of the head when separated from the body and left in the uterus. Vide also Vol. III. They may be likewise used in laborious cases when the head prefents, though I find the others are more eafily managed in the application, (fee Tab. XVI. &c.); and as I feldom have recourse to the forceps, except when the head is advanced in the pelvis, or, as the French term it, la tête enclavé, I commonly use the short kind.

Finding my Collection large enough to compose two volumes, I determined to publish one immediately, that comprehends the variety of methods practised in lingering and laborious cases, which occur much oftener than the preternatural, and are more apt to puzzle

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and perplex a young practitioner. This step I have been induced to take sooner than I at first intended, by observing that such a synopsis was very much wanted, to resresh the memory and direct the conduct of those who have at-

tended my lectures.

The unfuccessful cases, communicated by correspondents, who desired their names might be concealed, are inserted as so many beacons to caution others from falling into the same errors and mistakes in the course of practice. As to the truth of these circumstances which I have related in my own histories, the reader must depend upon my veracity; for I apprehend it is equally improper and unnecessary to mention the names of the patients, their place of abode, or the exact time of their delivery.

N. B. Since the following cases were printed, I have seen a French translation of my first volume by M. de Preville at Paris, who has done great justice to the work; and I wish the author may deserve the character which in his presace he gives him, with that politeness so peculiar to his nation. He has likewise obliged the world with a print of the instru-

instrument used by Roonhuisen, as we use a single blade of the forceps, to move along the head in laborious cases, according to the directions specified in my first volume, Book III. Chap. 3. illustrated in the 27th and 28th Collections of the fecond. This fecret, he observes, is faid to have been communicated towards the end of the last century, by the chamberlains from London, to Ruysch, Roonhuisen, and Boekelman, at Amsterdam; and was lately purchafed by de Vifcher and Van-de-Paol, physicians of that city, who have published it for the benefit of mankind.

It is a fingle piece of iron, near eleven inches long, one inch in breadth, one eighth of an inch thick, and covered with leather; straight in the middle for the length of about four inches, and bent at both ends into a curvature, about three eighths of an inch in depth.

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CASES IN MIDWIFERY.

COLLECTION I.

Of the Separation, Rigidity, and Distortion of the Bones of the Pervis.

[Vide Vol. I. Book I. Chap. 1.]

NUMB. I. Of the Separation of the Bones.

CASE I.

N the year 1736, a woman, about the age. thirty-five, being in labour of her first child, complained of a violent pain at the juncture of the ilium with the facrum, on the right fide; and, in time of the severest pains, imagined these parts were separated from one another with violence. This circumstance was not at that time attended to by the midwife, who delivered her after a tedious though natural labour; yet, even after delivery, the pain in this part exceeded all her other complaints. I was called on the fifth day, when I found the pulse quick, full, and hard, her skin hot and dry, the lochia obstructed, a difficulty in her breathing, a pain and induration in one breast; and she was totally deprived of Vol. II.

reft, by the anguish in that part of the pelvis. She immediately lost twelve ounces of blood from the arm, an emollient glyfter was injected, and a larger quantity of hardened fæces difcharged. In confequence of these evacuations, her back, head, and difficulty of breaththing, were relieved; but the pain in her hip fill continuing, warm stupes were applied to that part, and bottles of hot water to her feet; and I directed her to drink plentifully of warm barley-water. By these means, she was thrown into a profuse sweat, rested well that night; and next morning the fever was abated, while the uterus yielded a copious discharge; the pain and induration in her breaft were greatly diminished, and the milk began to run out at the nipples; fo that the child, which had before made a fruitless attempt, now sucked with eafe. The only circumstance that now hindered her from lying quiet, and fweating, was the continuance of that pain in the pelvis, which to allay, I prescribed an embrocation of the anodyne balfam, and the following bolus.

> & Pilul. Matth. gr. viii. Sperm. Cet. Ji Syr. de Meconio q. f. f. Bolus. h. f. sumendus.

This she was obliged to repeat every night, and sometimes oftener, in order to procure rest and maintain the necessary diaphoresis; and a glyster was administered every third day. Ten days elapsed before she could be moved out of bed, and twice that time before she could sit up in a chair. When her right leg was moved, her sensation was such, as if the illum

flium and facrum of that side were torn asunder; and with my hand upon the part I could perceive a sensible motion in these bones. At the end of the month, she was not able to walk or stand, without being supported under the right arm, by an assistant or a crutch, and continued in that situation sive or six months; after which she found such benefit from the cold bath, that she could walk with the assistance of a cane. She had several children afterwards, and her labours were easy; but they commonly, in some degree, affected that part, which never recovered its former strength and stability.

CASE II.

Communicated by Dr SMOLLETT.

In the year 1748, a gentlewoman about the age of twenty-feven, of a very flender make, thin habit, and lax fibre, was, in the eighth month of her first pregnancy, incommoded in her walking by a pain and crackling about the pubes, which when I examined, I felt a surprising relaxation of the ligament that connects the share-bones; insomuch, that while she lay in bed on one side, I could easily move them in such a manner, that they seemed to ride each other: however, she felt no great inconvenience from this preternatural extension, which certainly widened the pelvis for the more commodious passage of the child; and the ligament gradually recovered its tone:

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fo that, in two months after her delivery, the offa pubis were as firmly united as ever.

Although I myfelf have never perceived fuch feparation in the bones of a living subject, Dr Lawrence once showed me the pelvis of a woman who died foon after delivery, in which all the three bones were separated almost an inch from one another. I likewife faw the fame phenomenon in a pelvis belonging to Dr Hunter, Spigelius, in his Anatomy, Lib. II. cap. 24. fays, he has feen fuch a relaxation, which however, he observes, very rarely occurs. Dr Monro, who, in his Ofteology, quotes this author and fome others, owns he had never met with this kind of feparation, either in the course of his practice or diffections; yet has had reason to suspect a relaxation of the ligaments connecting the offa innominata and facrum, in fome women of a delicate make, who, after hard labour, complained of pain, weakness, and a fort of jerking motion in this place; and though nothing extraordinary was perceivable by the touch, could neither fit nor stand without pain for the space of several months; nay, the weakness continued for a much longer time, during which they imagined themselves always finking down between the haunch-bones.

NUMB. II. CASE. I.

Of the Os Coccygis osified and bent inwards.

I HAVE of late, in a particular manner, examined the os coccygis, especially in laborious cases, cases, and in women who were turned of thirty before the birth of the first child; and have found it actually offified in two patients, the first turned of forty, and the other about the age of thirty-three: but in neither of these cases could I perceive that this rigidity retarded the labour; for, in both, when the head of the child came down to the os externum. it passed along, and the women were as easily delivered as those in whom the coccyx is moveable, though both children were of an ordinary fize. The coccyx and ifchia being much lower than the pubis, the back-part of the head is commonly pushed out below the last, by that time the forehead is pressed against the coccyx: For, in measuring from the brim of the pelvis, we find that the pubis, being much shallower than the other bones, allows an easy passage for the occiput to come out from below the fame: for which reason an. offified coccyx feldom prevents the delivery, unless the head is larger than common, or the coccyx is bent inward in an extraordinary manner. Vide Tab. I. II. and IV.

NUMB. III.

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Of the narrow and distorted PELVIS.

ALTHOUGH cases of this kind are more naturally inserted among the operations of Midwifery, I shall mention a few in this place, in order to preserve the regularity of our plan.

The most common distortion of the pelvis is from the protrusion or jetting forwards of

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the last vertebra of the loins with the os sacrum, and sometimes of two or three of the lowest vertebral bones. I have been concerned in a few cases, and in particular was called to three women in whom the pelvis was so narrow, that the distance beween the lowest vertebra and the pubis did not exceed two inches and an half. The first I delivered four times; but sound it impossible to save any of the children, except one, which was small, and even in that the shoulder was dislocated. Vide Collect. XXXIV. and the third

Table of my anatomical prints.

The fecond was twice delivered by another gentleman, and three times by myfelf; and only one child was faved, by being born in the eighth month, of a very small size. Both these patients were small in stature, and distorted in the spine. The third, who was a tall woman, but had been ricketty for two or three years in her infancy, I delivered three times with great fatigue, but could fave none of the children, which were large. At last, however, the bore a live child in the feventh Vide Coll. XXXV. also Tab. XXVI. and XXVII. I have been called to feveral others, where the pelvis appeared at that part not to exceed three inches, or three inches and an half. When the children were large, it was impossible to fave them, either by the forceps or by turning; but when I was called in time, and found them small, or even of a middle fize, the patient was commonly delivered by one of those methods, if the labour-

pains were not fufficient.

I have been several times bespoke to attend women in their first children by their friends, who were apprehensive that they would have difficult or dangerous labours, because they were distorted in their backs. Eight patients, in these circumstances, did I deliver in the year 1748, and fix of them had easy natural labours; the other two were more difficult. which proceeded from the large fize of the children, and the small make of the mothers. In a few cases, I have found one or two bones of the facrum jetting inwards to fuch a degree. that the head of the child passed with great difficulty; in two of these I used the forceps. and at one time was obliged to dilate the bones of the cranium, as the lower ends of the offa ischia were scarce three inches afunder.

COLLECTION II.

Operations performed upon the external Parts.

[Vide Vol. I. Book I. Chap. ii. Sect. 1.]

Preternatural Size of the NYMPHA.

CASE I.

IN April 1733, I was called to a young woman, who, by a fall from an hay-loft upon a post below, had bruised the labia pudendi: besides an inflammation of the parts,

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I found one of the nymphæ fo preternaturally large, as to hang down three inches without the labia. Her mother was furprised to see fuch an extraordinary excrescence, which the daughter had concealed from her knowledge, and defired me, after the inflammation was removed, to remedy, if possible, this inconvenience, as the girl was to be married in a little time. The excision was accordingly performed with great eafe, as that part next the labia was very thin. The patient could recollect no cause to which this excrescence might be owing; but faid she first perceived it when the was fixteen years of age; that it gradually enlarged, and frequently gave her great uneasiness, by itching, and being subject to pricking pains. The outward edge and extremity was about an inch thick, extending two inches from the upper to the under part. The cause did not seem to have been venereal, but merely a swelling of the glands.

CASE. II.

In the year 1722, I was prefent at the extirpation of the nymphæ, which were excelfively large and pendulous, in a woman who alleged that the diforder proceeded from a venereal taint, of which she had been formerly cured.

Mauriceau, in Observation 313, mentions his taking off by ligature an elongation of the carunculæ myrtiformes.

CASE III.

Of an obstructed HYMEN.

In the year 1727, a woman brought her daughter from the country for my advice. She had been a year married, and, in her own opinion, was in the eighth month of her pregnancy, although she was regular in the difcharge of the catamenia. She affirmed the had frequently felt the motion of the child, and was grown much bigger than her ordinary fize-I examined the abdomen, but could not feel the circumscribed tumour of the uterus: indeed she was corpulent, so that the belly was large, though fost. I then directed her to lean forwards on the back of a chair, and feating myfelf behind, attempted to examine the uterus by the vagina, when I found the entrance obstructed.

Through the persuasion of her mother, she consented to have the parts inspected; and being laid supine upon a couch, I separated the labia, when I perceived the hymen in form of a crescent, from the middle of which proceeded a kind of ligament attached to the lower part of the meatus urinarius, leaving a passage on each side, capable of admitting a probe into the vagina, and of yielding passage to the menstrual discharge, but effectually obstructing the introduction of the penis. Having snipt this attachment assumer, I introduced my singer into the vagina, and selt the uterus rising up before it, as in the unimpreg-

nated state, without any sensible weight or stretching of the part. From this circumstance I concluded, and assured her, she was not with child; then introduced a large thick tent, dipped in red-wine, and secured it with a bandage. After this operation, she soon became pregnant, and has since been delivered of several children.

C A S E IV.

In January 1754, a woman brought to me a girl five or fix years old, whose hymen was impersorate, though it had been twice opened by a surgeon, but the lips of the incision had

united again.

I made an opening in the same place with a bistory, which I gradually dilated, first with my little-singer, and then with the fore-singer, until I could touch the os uteri; then, snipping with a pair of scissars a small portion of the hymen that remained next to the frænum, I introduced a large tent, which was kept in the part by compresses and a proper bandage.

Hildanus, in Centuria 3. Observ. 60. gives three examples in which the passage was shut

up by a membrane.

The first was a girl of sixteen, who was once a-month seized with violent pains in her belly, faintings, headachs, and sometimes epileptic sits; which, on a copious bleeding at the nose, vanished, and did not return till the next period.

She had refused several advantageous matches in consequence of these infirmities; which be-

ing communicated to our author, he inspected the pudenda; and, finding the vagina shut up by a strong membrane, he directed an incision to be made; but the young woman being terrified at the thoughts of the knife, re-

fuled to submit to the operation.

The second was a young woman at Paris, who being married could not admit the embraces of her husband; and he, on that account, sued for a divorce: but, as she suspected herself with child, several eminent surgeons examined the parts, and found the entrance to the vagina shut up by a strong callous membrane, in which were small openings, sufficient to allow the menstrual discharge.

This membrane being dilated, and proper pessaries and applications used to keep the passages open, the husband was satisfied, and the woman was in fix months safely delivered.

of a full grown child.

Mauriceau likewise, in Observation 489, gives an account of a woman's having conceived, and been delivered of a child, though the hymen had not been broken in coition.

The third case of Hildanus nearly refembles the following, communicated by Dr

D. Monro.

CASE V.

A GIRE of fifteen had all the fymptoms of the menstrual discharge, which continued to seize her regularly every month, though nothing was evacuated from the uterus. When

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was confiderably swelled; and finding a large tumour in her pudenda, she applied for relief to his father, who immediately perceived it was occasioned by an imperforated hymen. This he forthwith opened with a lancet, which was instantly followed by a discharge of about three pints and an half of blood, of the confishence of butter-milk, and colour of grumous blood, though without the least smell or sætor: about half a pint of the same sluid was evacuated before morning, and the girl did well.

CASE VI

Communicated by Dr George Macauly, Physician to the Lying-in-Hospital in Brownlow-street.

ABOUT feven years ago, I was defired to visit a young woman, about nineteen years of age, of a large make, and full-breafted, who was in exquifite pain, and could not make water. Her belly being very much swelled, her pulse feverish, and her pains exactly refembling those of labour, I ordered her to be blooded. a glyster to be injected, and prescribed some other medicines. Next morning, I was informed more circumstantially of her illness by her mother, who faid she had been complaining for fome months, though pretty well at intervals; but now there was something forcing down at her privy parts. In confequence of this information, I examined her in a curfory manner, because I had called in my way to another patient, to whom I was fent for in a burry: die

hurry: I found the belly very much distended. and, endeavouring to pass one finger into the vagina, felt what I then took to be the membranes, with the waters pushing pretty low

From this circumstance I concluded she was in labour, and left her for the present, after having intimated to the mother that a little time would, in all probability, determine the nature of her daughter's complaint. In my return I called again, and found the girl in exquifite agony, though matters were not at all advanced, during three hours which had elapfed in my abfence.

Then it was I thought of inquiring whether or not she had ever undergone the menstrual discharge; when, being answered in the negative, I examined more carefully, and found what I had mistaken for the membranes was no other than the imperforated hymen protruded by some fluid as far as the external labia.

Having, upon this discovery, fignified the only and certain means of cure to the patient and her mother, and they confenting to the operation, I divided the thick strong membrane with a knife, and evacuated, as near as I can guels, two quarts of thick black blood. As it flowed out, and the great preffure was removed from the neck of the bladder, the urine was discharged, and the poor girl faid the found herfelf in heaven.

She was afterwards feized with fhiverings and faintings, for which I prescribed cordials and the bark, upon a prefumption that the 235 017

parts.

parts, from the long continued pressure, might be disposed to mortification.

She recovered very fast, and was married in six months after the aperture was made.

Ruysch, Tom. I. Observat. 22. says, he was called to a woman in labour, whose hymen was entire, and prevented the delivery of the child, by whose head it was distended. An incision being cautiously made, he perceived another thick membrane farther in the vagina, which being also opened, the woman was delivered.

Saviard, Observ. 4. relates the case of a young lady whose vagina was obstructed by a membrane, which being cut, two pints of a stinking matter, of the consistence of lees of

wine, were discharged.

He likewise gives an instance of the entrance to the vagina being so much contracted by the indiscreet use of astringents, that a probe could hardly be admitted: but this opening was enlarged upon a directory, so as to admit a tentan inch and a half in circumference.

COLLECTION III.

Of the Thickness of the UTERUS in time of Gestation.

I N the year 1747, and the following (Vide Vol. III. Collect. XXXIX. Cafe. 1. and 2.) I had opportunities of opening two women who had arrived at their full time, but died of violent

violent floodings, before any affishance could be procured to deliver them. The membranes were still unbroke, and both uteri kept at their stull extent by a large quantity of water. When I opened them, with intent, if possible, to save the children, I sound each about a quarter of an inch thick. This is likewise the state of an uterus now in my possession, taken from a woman who died in the eighth month of her pregnancy, before the membranes were broke.

I have affifted in opening feveral women who died after delivery, in confequence of excessive weakness and violent floodings. When the uterus was not much contracted, it was not much thicker than that I have described: but, in those who died a few days after delivery from obstructions of the lochia and a fever, the uterus was contracted to a small fize, and generally from one to two inches thick: I must, however, except one case of a woman, in 1752, who feemed to have been feven or eight months gone with child; yet the uterus was contracted to a small bulk, though, when stretched, it did not exceed the eighth or tenth part of an inch in thickness at the fundus. Vide Dr Garrow's Letter, Collect. XIII. No 1. 11 the second of the second year to be within employees a place somewhiteers and this other.

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COLLECTION IV.

Of Obstructions of the CATAMENIA, the immoderate Flux of the Menses, and of the Fluor Albus.

NUMB. I. The CATAMENIA obstructed.

CASE I.

TN the year 1724, a gentlewoman turned of twenty, who had always enjoyed good health and a regular discharge of the menses, happened, during that evacuation, to fall into a river in very cold weather, and was obliged to ride a full mile before the reached her home. By this accident the catamenia were entirely obstructed, and I was called to give my advice and affistance. When I arrived at the place, she had been in bed some hours, and complained of violent pains in her head and back; her pulle was quick, the breathed with difficulty, and seemed a little delirious. It was fome time before I knew that the discharge was upon her when she fell into the water, confequently I was ignorant of the obstruction. She was immediately blooded at the arm, to the quantity of twelve ounces; but finding no relief from this evacuation, she lost eight ounces more, and fainted away; the pains, however, and difficulty of breathing foon abated, and a profuse sweat ensued. This was

encouraged by frequent draughts of weak white-wine whey; the pulse became more calm and regular, the delirium gradually ceafed, she enjoyed a profound sleep, and next morning seemed to be in perfect health.

I was then informed of the obstruction; and, understanding she was costive, prescribed a glyster, which had a favourable operation: that same evening I directed her seet to be bathed in warm water, and desired she might sit over the steams of it, so as that the vapour

should foment her lower parts.

Next day she was gently purged with an infusion of sena and manna; but the discharge did not return, although she was perfectly easy, and free from all complaints, but that of being low-spirited from the evacuations she had undergone. I recommended warmth, gentle exercise, and food of easy digestion, in hope that, as she was of an healthy constitution, nature would restore the regularity of the discharge. Nor was I disappointed in my expectation: at the end of sour weeks, the menses appeared as usual, she was in a little time married, and has never since had any complaint of that nature.

It would be equally tedious and unnecessary to insert a number of such cases which have happened in the course of my practice. I shall only observe, that gentle evacuations, exercise, and a low diet, generally remove those obstructions in the first four or sive months; and, unless the sluids acquire a wrong turn by some other kind of irruption, such as a dis-

charge

charge of blood from the hæmorrhoidal veins. stomach, lungs, nose, and sometimes, though very feldom, through the hairy fealp, cuticle of the legs, and other parts; I fay, except when diverted by fuch preternatural hæmorrhagies, the menses commonly return, or else the patient is afflicted with those complaints which proceed from a weak and languid circulation of the fluids. In this case, the method recommended above must be altered, and the obstruction removed by medicines that quicken the circulation of the blood; fuch as gentle emetics, bitter and aromatic infusions, preparations of steel, chalybeate waters, riding, and nourishing diet. In a word, when the obstruction is owing to plethora, rigidity, or tenfion, evacuations are proper; but when it proceeds from a weak and relaxed habit of body, those things that nourish and strengthen the constitution are most effectual. Great attention is therefore required to consider these different circumstances, and experience to judge of the indication, especially as almost all the complaints of unmarried women proceed from the irregularity of this discharge.

During my general practice in the country, when my advice was solicited by semale patients who laboured under either an obstruction, immoderate discharge, or irregularity of the menses, especially if the disorder was of long continuance, I succeeded best by following the methods recommended by the late learned Dr Friend. I shall therefore insert a summary of his cases, with regard to the

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fymptoms and practice; and refer the reader to his Emmenologia for his theory of these diftempers.

CASE I.

October 26. 1700. A young woman, eighteen years of age, and till that time free from the menses, complained of a sharp pain about the loins, knees, and ankles. She also laboured under a dyspnæa, nausea, and gripings of the stomach: upon the least stirring, there was a palpitation of the heart. Her countenance was of a slorid colour, her pulse weak and slow. These symptoms had continued violent for almost six months. He first ordered the the following cathartic.

B. Calomelan. Di. Refin. Jalap. gr. v. Tartar. Vitriolat. gr. iv. m. f. pulv. cap. mane in Conferv. Rofar.

After the operation of the above medicine, the was ordered the following electuary and infusion.

- B. Conserv. Absynth. Roman. 3ij. Æthiop. Min. 3j. Chalyb. cum Sulphur. p. p. 38. Rad. Gentian. Curcum. puls. a 3ij. Syr. Caryoph. q. f. m. f. Elect. cap. q. n. m. ter in die, hor. med. superbib. Cochl. v. infus. seq.
- B. Limat. Chalyb. Zi. B. infunde in Gerevisiæ tenuis tbiij. per triduum, deinde adde Rad. Gentian. incis. Z B. Rub. Tinctor. Curcum. ā zij. sumitat. Absynth. vulgar. Centaur. minor ā m. i. Bac. Junip. Z B. sem. Cardamom. Min. Gubeb. ā zi. mem. siat infus. per diem. In colaturæ quolibet haustu cap. gt. xx. mixtur. seq.
- B. Sp. Sal. Armon. Elix. p. p. a 3ij. m.

He defignedly omitted bleeding, because of

the weakness of the patient.

October 28. In the afternoon, the complained less of her stomach, the pulse was stronger,

and her strength much increased.

October 30. The menses came down of a laudable colour. The pain at her loins and ankles immediately vanished. The flux continued eight days, during which she was forbid the use of her medicines; which being however repeated, after another week, the menses slowed regularly again at the next period, and the patient entirely recovered her health.

CASE II.

October 31. 1700. A woman about thirty years of age, had not had the menses for the space of two years. Upon the detention of which she was feized with a dry cough, violent dyspnœa, palpitation of the heart, pain in the head, a vertigo, loss of appetite, indigeftion, and inflation of the stomach; fometimes a vomiting, decay of strength, night-sweats, a viciflitude of heat and cold, and a trembling; and fometimes the blood broke forth at the nostrils. The pulse was very weak.

He says the indications of cure seemed to

be three.

I. To restore a good digestion in the sto-

II. To increase the impulse of the blood.

III. To relax the uterine veffels.

To relieve the pains and decay of ffrength, he ordered the following cardiac.

R. Sp. Sal. Armon. Tinet. Croci. Laud. Liq. 3 31. m. gt. xxx. Sepius in quovos vehiculo.

By the use of these things, the pains very much abated, and her strength was recruited.

November 2. She took the cathartic preferibed in the former case; which purged her fix times, and eased the dyspnæa.

November 3. She made use of the electuary and insusion described in the former case; not neglecting in the mean time the cardiac mixture. The following emollient somentation was applied to the region of the uterus to re-

lax the veffels.

B. Rad. Althae. Lil. Alb. à 3ij Sem. Lini, Fenugrac. à 3iij. Flor. Chamameli, Aneth. à p. i-Marjoran. m. i. Bulliant ex vin. & aq. part. aq. Liquor sit pro somentatione bis in die applicand.

November 8. The pulse was somewhat stronger; but hardly any change in the symptoms.

November 15. Nothing new, except that the appetite feemed to return, and the nocturnal fweats vanished.

November 22. A whitish humour flowed from the uterus which ceased after five days. He remarks, that there is frequent mention among authors of pallid menses.

December 1. The fymptoms, although much milder, were not however yet removed. The

following purge was prescribed.

B. Pil. Ruf. 38. Refin. Jalap. gr. nj. Ol. Saffafr. gt. i. Balf. Peruv. q. f. m. f. Pil. mediocr.

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She likewise returned to the use of the electuary, infusion, and mixture; which being duly taken, the pulfe grew stronger, and her

strength was recruited.

December 19. The menses were brought down of a pretty red colour, which continued for three days. Upon their breaking forth, the fymptoms were fo much abated, that fhe complained only of some small difficulty in her breathing, and pain of her head. But repeating the infusion, her health, at the month's end, returned with the catamenia.

CASE III.

October 2, 1702. A laundry-maid of a fanguine habit, aged twenty-four years, caught cold, and by washing her legs in cold water, in time of the menses, they were wholly suppressed for the space of one year; yet without any remarkable detriment to her health; which he imagined proceeded from her hard labour and exercise. But at the year's end she was attacked with most of the symptoms as in the second case; only there arose a hard tumour on the tibia, for which he ordered a vein to be opened in the arm. As that did not relieve the tumour, he ordered a cathartic, and a bitter chalybeate infusion, with the emollient fomentation.

October 28. The purge was repeated, and the tumour became milder.!

November 6. The pulse increased with the strength, and, to provoke the menses, the faphæna was opened.

November

November 11. The menses slowed in a small quantity. Her slorid colour returned again, and the tumour, with the other symptoms, vanished.

He gives three other cases. The first two had their complaints from the menses being irregular and in too small a quantity; but the third was that of a married woman, about twenty-five years of age; she had a decrease of the menses for almost a year, but a total suppression for the three last periods. All these he treated according to their different complaints, but brought them regular principally by the use of chalybeate medicines.

I have had many patients, who, in obstructions of the menses, if they were attacked with discharges from other parts of the body of different kinds, either periodically or continued. have frustrated all attempts to bring back the catamenia, and prevented conception. If the discharges were from the lungs, stomach, and other viscera, they frequently proved fatal to the patients: if from the external parts, as hæmorrhagies from the nofe, hairy scalp, legs, or iffues in different parts, although they partly prevented the removal of the obstruction. yet they kept the patients in a tolerable state of health: Sckenckius, in his Observationum Medicinalium, Lib. 4. De Conceptione, pag. 613. gives several cases, from different authors, of fome women who conceived before they had the menses, others who bore several children. and never had any fuch discharge.

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Mr Pearce, in the Bath Memoirs, chap. XIX. from p. 187, to p. 190, gives four cases of girls labouring under the chlorosis, or green sickness, who, after trying many medicines in vain, were cured by drinking the Bath waters, and frequently bathing in them.

Vide Hildani, Cent. 5. Observat. 41.

NUMB. II. CASE I.

Immoderate Flux of the CATAMENIA.

In the year 1732, I was called to a young woman about the age of eighteen, who was very much weakened by an immoderate difcharge of the menses. She had been of an healthy constitution, and regular in her monthly evacuation for the space of a whole year; but, about fix months before I faw her, she was, in time of the discharge, over-heated with dancing; in consequence of which the menses flowed to such a quantity as threw her into fainting fits, so that she was obliged to be carried home and put to bed, where she was supported by a nourishing diet, and in ten days was free of the discharge. Yet, every three weeks after this period, she was attacked in the fame manner, though in a lefs violent degree, and continued ill about the same space of time. By this excess of evacuation, she was reduced from a healthy constitution and florid complexion to a weak habit of body and pale vifage; and, when I was called, actually lay in a fwoon, occasioned by the great discharge; and her pulse, which at any

any time was low, I could now hardly feel. As foon as she could swallow, she took a draught of wine and water, in which sisteen drops of liquid laudanum were diluted; then she was put to bed, and in half an hour the violence of the discharge was considerably abated; when I introduced into the vagina a bit of sponge, dipt in a solution of alum, wine and water. Having considered the case during this period, I directed her to take two spoonfuls of the following prescription, as often as the violence of the discharge should return.

B. Infusio Ros. rub. žvi. Elix. Vitriol. Laud. liquid.

I likewise directed the sponge to be continued, and frequently moistened with this decoction.

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B. Cort. Granat. Querc. Flor. Balaust. Ros. rub.

- 3 3ij. coquantur in aq. sontan. ad. 3vi. in colatura solve alum. 3B. & adde Vin. rub. 3ij.

Next day she was much easier, the discharge being diminished and of a pale colour: for drink I prescribed chicken-broth, in which rice had been boiled, with asses milk, to be taken morning and evening; for diet, veal, chicken, bread pudding made with whites of eggs; and for change of drink, barley-water in which gum arabic was dissolved, and water-gruel with eggs, in the manner of egg-caudle. Though she recovered her strength by this method, the discharge returned at the end of the three weeks, but not in such quantity, nor for such a length of time. I directed her Vol. II.

to use the same regimen, with moderate exercise; and after two or three periodical evacuations of the same kind, she perfectly recovered her health and bloom.

The fame method I have fuccessfully used with a great number of patients, both married and unmarried, only varying the medicines and the diet, according to the violence of the disease and constitution of the patient; and occasionally prescribing the Cort. Peruvian. Pilul. Gummos. Spaw, Bath, and Bristol waters, the two last kinds especially, to be drank at the wells.

Those who are much weakened by sloodings in miscarriages, or even in delivery, had sometimes, for two or three periods after, very large discharges, and were relieved by

the means specified above.

What follows concerning the immoderate flux of the menses, is copied from Dr Dale's translation of Friend.

CASE I.

February 1. 1702. A certain woman, after a lying-in, was seized with an immoderate flux of the menses, which continued for fix years; in the last two years the blood slowed almost daily, concreted sometimes into grumi of the bigness of an egg. She laboured under a very great weakness and drought, and was also sometimes severish. A violent and continued pain in the abdomen and region of the uterus. She was seized with an anxiety at her

her heart, and sometimes also with a syncope. The pulse scarce perceptible. The intention of the cure seemed to be, after the stoppage of the flux, to restore the strength, which was extremely much decayed. But in checking the flux, since I thought proper to abstain from repellents, because their use seemed to be forbid, by the strength being so excessively weak, I trusted wholly to astringents, and them I ordered as well internally as externally.

B. Cortic. Granat. 3 B. Rad. Tormentill. 3i. Flor. Rof. Rubr. Balaust. 3 m. i. Coq. in Aq. Ferrar. Lib. III. ad Consumpt. Lib. II. Colatura sit profomentatione, bis in die parti affecta tepide applicand.

For her common drink she used the Decost. Alb. in Lib. II. whereof were boiled cinna-

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Internally was applied the Tinct. Antiphthifica, so much commended by Etmuller, drawn
from Sacchar. Satur. & Vitriolum Martis, with
Sp. Vini. Of the tincture, she took twenty
drops in Aq. Plantag. several times a day.
When her pain or watching was troublesome,
she took twenty drops of Laud. siq. Feb. 3.
The flux was stayed; and lest it might possibly
return, the somentation was repeated daily to
Feb. 6. But the flux being thus restrained,
the pain and weakness seemed now to be regarded. I took, therefore, from the diætetic
medicine, broths and good nourishing soods;
from the pharmaceutic, the following mixture:

B. Tinet. Croc. Laudan. Liq. Sydenh. a 3ij. Cam-

phor. in Sp. Vini 36. Dissolut. 31. m. cap. gut. xxx. Sexies in die in Aqua Cinnam. fort. & Hord. a p. a.

with which her strength was very much repaired and her pain abated. Feb. 8. A fort of membranous pouch hung down from the labia pudendi, which yet adhered fo firmly towards the uterus, that it could not be extracted from the vagina. It had also a very ill fmell; and indeed, at first fight, the inner coat of the vagina seemed to be fallen down; for I the less suspected it to be any remains of the placenta, because the woman denied that she had been brought to bed for fix years. But when, upon confidering the stink and the pain. I began to entertain some suspicion of a placenta, I thought it proper to examine into the matter a little more narrowly; and therefore inquired of the woman, whether she had not miscarried since that lying-in. She confessed she had been with child about two years fince, and that, being terribly frightened, as fhe returned home in the night-time through the streets, she had miscarried by the way; but that, after she was returned home, the fent for no midwife to examine whether any thing was left in the uterus or not. From that time also the pain took its rife. The difease having been thus inquired into, the indication feemed to be this; namely, to reftore the force of the uterus and abdominal muscles, so that it might expel any remains of the placenta; and, because the mixture which was ordered her conduced very much

to this end, she took forty drops of it several times in a day; by which medicine her spirits were so recruited, that, Feb. 10. some part of the placenta was thrown forth, not only of a very strong fmell, but plainly putrid. Feb. 11. Another portion was also thrown forth of the fame ill fcent. From that time there were no marks of that membranous substance within the vagina: In like manner also was the whole pain immediately allayed. Feb. 12. She fo far re! covered her strength, as to be able now to sit up for some hours, after having been confined to her bed almost a month. She made nocomplaint of any thing but her weakness and loss of appetite. She took daily of her mixture, from which she found very great relief. Feb. 17. The flux returned; which I was unwilling to check, because I found it very moderate, and attended with no ill symptoms; for it appeared to be the natural and ordinary. evacuation of the menses; which was therefore ended on the fourth day. Feb. 22. That I might further provide for her strength, the following things were prescribed:

B. Tinet. Cortic. Peruv. in (Vin. alb. tbis.)
Tinet. Croci Spec. Diamb. \$\bar{a}\$ \$\bar{z}\$ \$\bar{s}\$. m. cap. Coch. 6.
ter in die.

Feb. 25. Her appetite was restored. Nothing was wanting to complete her health but strength; which, however, upon twice repeating the decoction, was also happily renewed.

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CASE II.

Sept. 10. 1701. A woman of a full habit, and who had been used to have too great a discharge of the menses, sell into an immoderate flux, from excessive exercise, so that the menses came down in a large quantity; at first, indeed, for fix days, and afterwards for twelve.

When she had laboured under this indisposition the whole summer, her strength was very much cast down; she was often seized with a syncope and spasm; her seet swelled; her countenance almost hippocratic; the blood being very thin, did not flow guttatim, but, as it were, in a continued stream. When I first visited her, the flux had continued sour days.

The indication, therefore, of the distemper required that the flux should be immediately stopped. That this might be effected, the same fomentation was applied as is described

in the first case.

At the hour of rest, she took the following hypnotic.

B. Trochife. Gordon. 38. Laudan. Lond. gr. ii. Mucilog. Gum. Arab. q. f. m. Pil. exigua. cap. 3.

By the use of these she slept very quietly.

Sept. 11. The menses still slowing, this electuary was prescribed.

B. Conserv. Ros. Rubr. 3i. Bol. Arm. Croc. Mart. astring. a 3i. Mastich. Ter. Japan. a 3ii. Spec. Diatr. Santal. 3iv. Syr. e Symphyt. q. f. m. f. Elest.

Elect. cap. q. N. M. Ata quaque hora, superb. Coch. 5. Julap. seq.

B. Aq. Sperm. Ranar. Plantagin. Cinnam. Hord. a. 168. Syr. e Coral. q. f. m. f. Julap. cap. etiamter in die Spir. Vitriol. gt. 40. in quovis vehiculo.

Repet. Foment. & Pilul. prascript.

Sept. 13. The flux still continued, although only guttatim; which yet, upon her duly taking the medicines, on Sept. 15. wholly ceased.

Now, therefore, the whole method of cure feemed to turn upon this point, namely, to strengthen the vessels and prevent the rarefaction of the blood. To answer the first intention, the fomentation was every day repeated; the use of glutinants and balsamics seemed sufficient for the second: astringents being therefore set aside, the following method was pursued.

B. Decoet. Alb toil. Aq. Cinnamon. Hord. Ziii. Sacch. Alb. q. f. m. cap. Ziv. quater in die.

B. Balf. Capiv. Polychreft. a zii. cap. gt. xxv. hora decubitus in Conferv. Rofar. Rubr.

Upon the taking of these remedies, after the interval of almost three weeks, Oct. 5. the menses returned, and continued so for six days. But the last prescriptions being repeated the next period, the slux was terminated the sourch day; which stopping hitherto within the same space of time, the woman was thereupon perfectly recovered.

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C A S E III.

May 21. 1703. A woman thirty-fix years: old, after a miscarriage, had a flux of the menses during fourteen days, for three periods; afterwards for almost three months they came down daily. By which flux she was fo weakened, that she could by no means walk, and but scarce stand. She drew her breath with fo much difficulty, that she was in danger of being suffocated. She was seized sometimes with a fyncope, and fometimes with an hysteric fit; fo that she lay for an hour or two as if the was dead. The fame pale colour and leanness as in confumptive persons; the pulse weak and intermitting.

The indication of cure feemed to regard, first, the stoppage of the flux, and then the restoring of the strength. The fomentation was therefore made use of which is described in the first case; which indeed I generally found to be efficacious. Inwardly the took twenty drops of spirits, Sal. dulc. in Decoct. Tormentill. four times a-day. May. 25. The flux fomething abated, although it broke out again every day. The following emulfion was ordered, in the room of her common drink:

B. Amygd. Dulc. excorticat. 3i. fem. iv. frig. Maj. ā zii. quibus in Mortario contusis affund. aq. Hord. toii. Colatura add. Sal. Prunell. zii. Syr. Althea q. f. m.

May 30. The flux was stayed; however, it broke forth again the next day in the evening. But by the continual use of the remedies prefcribed.

fcribed, the flux was so regulated, that from June the 3d to the 9th, it was wholly stopped; afterwards, at the month's end, it returned at the usual periods. The flux being therefore restrained, and the canals sufficiently closed up, the other indication was pursued after this manner:

B. Cortic. Peruv. 3i. Rad. Zedoar. 38. Cochinell 3ii. Digerantur cum Vin. alb. toii. tepide per triduum. Liquoris filtrati cap. ter in die 3ii. inquolibet haustu instillentur Tinct. Serpent. Virg. gt. 20.

At night, because she was often sleepless, and sometimes also hysteric; she took the follow-

ing paregoric pills.

B. Galban. col. 3i. spec. Diambr. Castor. Camphor. a. 38. Laudan. Lond. Ji. m. f. Pill. 20. cap. 2 ante-decubitum superb. Tinct. prascript. Coch. 4.

Let her diet consist of very nourishing food.

July 19. Her stomach, which had been hitherto disordered, was much strengthened; and her strength also somewhat confirmed. At the beginning of August, the woman by following the method prescribed, was perfectly recovered.

Forestus de Mulierum Morbis, Lib. XXVIII. has nine observations on the too great flux of

the menses.

Vide Zacut. Lusitan. Tom I. Lib. III. p. 479. and Tom. 2. Lib. III. p. 487.

Vide Mr Stead's case in the following number.

NUMB. III.

Of the FLUOR ALBUS.

As Hoffman has treated largely on the fluor C 5: albus,

albus, I have inserted an abridgment of the following cases from that part of his works where he treats De cachenia uterina, five stuore albo.

OBSERVATION II.

In a woman about thirty years of age, of a tender constitution, living near the sea a sedentary life, and on a diet of difficult digestion, as sea-fish, especially oysters, the difcharge of the menses had for a year been irregular and in fmall quantities; she was much afflicted with the fluor albus; her countenance began to turn pale, with great lassitude both of body and mind. He first ordered a vomit of Rad. Ipecacuanbæ 38. Tartari Vitrioli As. to be taken twice a-week; after that to take once a-week a dose of opening pills, which were composed of some bitter extracts. gums, and rhubarb; and in the intermediate days, three or four ounces every morning of the following stomachic wine.

B. Rad. Zedoar. Calami. aromat. Enula à 38. Herb. Absynth. Rorismarin. Marub. alb. mentha, salvia, Centaur. minor. à m. j. Baccar. Junip. 3j. infundantur in vini Canariensis mensura una dimidia. Coletur usus tempore, & per mensem bac cura continuetur.

He advised her also to take frequent and moderate exercise, to eat things of easy digestion, and shun the contrary. By this method he cured many, where the disease proceeded from a bad digestion, and not of long standing, or had not degenerated into a bad habit of body.

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OBSERVATION III.

A WOMAN past thirty, of a clean habit, for more than a year, after the had miscarried three times, was taken with a troublesome fluor albus; the menses were irregular, and sometimes in a large quantity. He ordered her some of his opening balfamic pills to be taken for three nights, and each morning about three ounces of aperient wine. The same days he ordered her a bath, made with foft water and ftrengthening herbs, with a bag of the fame herbs, applied over the region of the groins. After the intermission of three days, the same things were again administered for three more, and repeated in the same manner a third time, with fresh herbs each time. Then he ordered the uterus to be fumigated with frankincense, mastich, and amber; and the patient to live regular. By which method not only the bowels, but also the uterus, was purged of a large quantity of humours.

By the same treatment he recovered many others under the same complaint, as well as the above patient. He further observes, that it is not only necessary to purge the body of vicious serous sluid, but also to strengthen the relaxed uterus, which is too much loaded with viscid humours, by the use of the above baths, made more efficacious with nervous and aromatic herbs. And because, for the most part, this disorder is the occasion of barrenness, the above method is most probable to remove the same.

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VOL.

Vol. III. Obs. 5. A young woman twenty years of age, of a delicate constitution, and who indulged in a sedentary life, after a difficult labour, in which the placenta was pulled away with a great deal of force, was seized with an acute pain. The lochia afterwards did not flow so freely as they ought. Ever since, she laboured under a fluor albus, which increased so much as to weaken her vastly; she was more and more emaciated every day, and her legs began to smell. He observes, that he had frequently found in practice such violent treatment was the occasion of the like complaints.

She was prescribed some balsamic and nitrous medicines, and ordered to drink with her victuals a decoction of mastich, with some cinnamon and wine mixed with it. The parts were likewise sumigated with sandarick, mastich, benzoin, and cinnabar, and somentations of nervous medicines boiled in wine often applied to the inguinal region. This method, with an exact regimen of diet, had the desired

effect.

From Mr PEARCE's Bath Memoirs, p. 219.

A MARRIED woman, aged thirty-feven years, having for a long time laboured under the fluor albus, which at first was only white, afterwards yellow, then greenish; after that duskish, towards a black, and then interspersed with red, was cured by some time bathing in the Bath waters, drinking them, and taking some gentle balsamic astringents along with them:

them; while at the same time she threw up into the uterus fome of these waters, with some Mel Rofarum. In this fection, there are other three cases of women cured by drinking these waters and bathing.

Vide Forestum de Mulierum Morbis, Lib. XXVIII, where he gives five cases on the fluor albus doing obtains below appear and as as as

Vide Boneti Sepulchrenum de Fluore Muliebrig Lib. III. Sect. 36. STATES CALSES

A CASE from Mr Stead, of Guy's Hospital.

A GIRL of a florid complexion, and eleven. years of age; about three years and a half ago, had her menstrua come down in a small quantity, of a proper red colour, and which continued upon her feveral succeeding weeks; then stopped, and returned afterwards in a regular manner, once a-month, till within these three weeks last past; during the greatest part of which time, she has had a flooding. Two or three days after the first stop of the menses, it was discovered she had the whites, and has been subject thereto ever since; the colour is white, has of late been thin, and fo sharp as to excoriate the parts intra labia. She was fuspected to be clapped; but both she and her mother folemnly declare no man had ever touched her; and this was confirmed by the extreme narrowness of the mouth of the vagina. No particular cause of this early appearance of the menses could be found out; unless these be admitted, that she had at that time a violent fit of crying, and might perhaps have have been weakened; and received a wrench in the loins, by having been compelled to carry large heavy children in her arms. Some time before, and after her admission into the hospital, she had such a constant uneasiness, smarting pain, and sense of bearing down about the vagina and privities, that she could not walk or lie in bed, except cross-legged; which position of the parts was tolerably easy to her. She complains of great weakness across the loins, and has an almost unextinguishable thirst, and is regular in stool. In these circumstances the physician directed as follows.

B. Gum. Oliban 38. Mellis q f. folut. Adde Aq. Lact Alex. 3j8. Mirabil. Syr. Balf. 3 3ij f. Hauft. omni nocte & mone fumend. & B. Decoct. e Gort. Peruv. 3ij. Elix. Vitriol. gr. xx. f. Hauftquotidie bora xima matutina et vta vespertina capiend.

After the use of which between two and three weeks, she being rather costive, a gentle purge was judged necessary; as,

B. Infus. Sen. 3is. Mann. 3vi. Aq. Mirab 3ij. s. Haust. pro re nata assumendus.

These agreed perfectly well with her, the mensium profluvium was soon stopt by the astringents, and the external foreness removed by somenting the parts night and morning with warm milk, and afterwards gently anointing them with some of this liniment.

B. Ol. Almygd. dulc. 3i Sperm. Ceti 3is. Cera alb. 3s. m. f. Linimentum.

Little or no check was however given to

the whites by two months use of the internals; and thereupon they were at that time left off for these pills,

- B. Pil. ex duobus gr. xii. Calomel. ppt. gr. iv. f. Pil. ij. bis in septimana cum levi regimine capiend.
- B. Terebinth. Venet. 3ij. Pulv. Glycyrrh. q. f. f. Pil. mediocr. quarum capiantur quatuor ter de die in quovis vehiculo.

The purging pills operated immediately, and together with the others, were perfifted in about eight weeks, the flux gradually abating thereby, except for the last three weeks, during which it seemed to be at a stand, and was so considerable as to induce the physician to endeavour to put a total stop to it; which he attempted and succeeded in by sive weeks repetition of the olibanum draught, as directed above; and she was accordingly presented out well.

It would be unnecessary to insert more cases of this complaint; though it may be useful to make some general remarks on the methods which I have found successful in practice.

I have found this discharge beneficial to those who were obstructed or irregular in their menses; but this benefit was more or less, according to the quantity of the evacuation: and the fluor albus is diminished by all those methods that are used in removing obstructions.

Indeed, where this complaint was owing to a weak and lax habit of body, I have found it relieved by the method of cure recommended in the immoderate flux of the catamenia;

and

and although I have generally succeeded in both cases, I have met with some patients who, from the long continuance of the disease,

could not be radically cured.

I have had several patients where this discharge diminished, on the cessation of the menses, about the age of 45 or 50, and in a few years afterwards entirely stopt of itself. Some of them for ten, sisteen, or twenty years, from the tumesaction, excoriation, and soreness of the parts, could not, till after the above cessation, converse with their husbands. Vide Vol. I. Book i. Ch. 3. Sect. 1.

COLLECTION V.

Of Labour without any previous sensible Motion of the Child, and Extra-uterine Fœtuses. Vide Vol. I. Book i. Chap. 3. Sect. 2. and 3.

NUMB. I.

Labour without the Motion of the Foetus.

IN the year 1728, a woman turned of thirty, after having born three children, inclining to be corpulent, found the menses obstructed; but, far from ascribing this obstruction to the true cause, imagined it was the consequence of her growing sat, especially as she had never felt any thing like the motion of a child. In this way she continued till the seventh month; when

when I was confulted about removing the obstruction, though she would not allow me to examine in the proper manner. Finding her in good health, though fully perfuaded that her bigness was either owing to corpulency or a dropfy, and bent upon having the obstruction removed, I prefcribed fome gentle opening medicines, as the was naturally coffive. I was again confulted in the eighth or ninth month, when she still declared that she felt no motion; and obstinately adhered to her former opinion. At last, however, I was called to relieve in a supposed fit of the colic; and reached the place of her abode just time enough to receive the child; though the would not be persuaded of her real situation until she actually heard it cry, because she had never felt it stir, either before or in time of the labour-pains. I have delivered many women of strong and lively children, after they were fully prepoffessed with a notion that they were dead, because they had felt no motion in time of labour.

In some cases, I have imagined the labour was brought on by such motion; but have generally found that the pains did not follow this motion; and after the children were certainly known to be dead, I have delivered a number of women with as much ease as when the children are alive. The only obstacles I ever found in the delivery of dead children were the tumesaction of the belly, from the rarefaction of the contained air, that rendered the labour a little tedious, and a large head or narrow.

narrow pelvis, which would have been attended with the same difficulty, had the children been alive, or the body not tumefied.

NUMB. II.

Of Extra-uterine FOETUSES.

In the Philosophical Transactions, No. 323. p. 426. there are accounts of some extra-uterine setuses, both of the human and brute species, by Mr J. Younge. With regard to the human, he says, extra-uterine embryos have been sometimes found in women; but not publicly taken notice of till the beginning of the last century. The younger Riolan, speaking of the Fallopian tubes, says, they appear of the same nature and substance as the womb, quia carnosa est in qua, quod est mirabile sætum bumanum concipi, fuit observatum. Then gives an account of sour such strange conceptions which occurred to his knowledge.

He likewise observes, fince that time, more strange ones have happened in that country. One was found at Paris in January 1669, by Mr B. Vesalius in the tube of a woman. It was four months old, and fo grown, and the tube fo distended, as made him mistake it for another womb, and accordingly to call the account he published thereof, Demonstration d'une double Matrice. Mr Oldenburgh inserted an extract of it in the Philosophical Transactions, No 48. and the German Academy, Vol. I. Obf. 110. did the like; but neither feemed to understand the mystery, till De Graaf took it right, and made use of this very observation to illustrate whiten.

lustrate and confirm the hypothesis of Kerkringius. About ten years afterwards, a more wonderful and incredible one happened there. It comes very well attested by Dr Bayle, who sirst published a history of it in the Journal des Scavans, A. D. 1678. and, after, Mr Oldenburgh put an extract of it into the Phil. Trans. N° 139. p. 979. This case is taken from the

above, and not from Mr Younge.

Margaret Matthew, wife of John Puget fhearman, at or near Toulouse, being with child, 1652, perceived, about the end of the ninth month of her bearing, fuch pains as women usually have when about to fall in labour. Her water also broke, but no child followed. For the space of twenty years she had perceived this child to ftir, with many troublefome fymptoms accompanying; but for the last fix years, she perceived not the child to move. She died Fan. 18. 1678; and the next day being opened, a dead child was found in her belly out of the womb, no way joined or fastened to it; the head downward, the buttocks hanging towards the left fide. All the back-part of the child was covered with the omentum, which was about two fingers thick, and stuck hard to divers parts of the body, fo as not to be separated without a knife; which being done, very little blood issued. This infant weighed eight pounds avoirdupoize; the skull was broke into several pieces; the brain of the colour and confiftence of ointment of roles. The fielh red where the omentum stuck; other parts whitish yellowish. lowish, and somewhat livid, except the tongue, which had the natural softness and colour. All the inward parts were discoloured with a blackishness, except the heart, which was red, and without any issuing blood. The forehead, ears, eyes, and nose, were covered with a callous substance, as thick as the breadth of a finger. The gums being cut, the teeth appeared in the adultness of those in grown perfons. The body had no bad smell, though kept three days out of the mother's belly. The length of the body from the buttocks to the top of the head, about eleven inches. The mother died about the 64th year of her age.

Mr Younge goes on, and fays, that before either of these appeared in France, there happened one in Holland to H. Rhoonhuys. A woman with child, at her full time, was four days in labour, and, although she had many midwives, could not be delivered. Our author was called December 1658, found the internum uteri ofculum close shut; without flowings, or any fore-runners of the delivery. He, finding the common paffage fo closely thut up, and a very painful tumour above the navel, proposed the Cæsarean section. The woman having feen that operation made at Paris, earnestly desired him to perform it on her; but he, to observe some unnecessary forms, delayed it till the woman died; who, he believes, with the child, might have been preferved, if the operation had been done when he first saw her. Opening the belly, he found a child among the entrails, and the placenta. A STATE OF

placenta fastened to the colon, and part to the sundus uteri, and that there was a breach in the womb, capacious enough for the infant to pass through into the belly. T. Bartholinus, the year after Rhoonhuys's exploration, met with such an extraneous setus lapt up in a mola, which he found in the belly of a woman, and conjectures, non possum aliud divinare, quam quod fætus bic primo in tubis uteri conceptus. He imparted this first to G. Horstius, Ep. 58. Vol. IV. afterwards in the 92d Observation of his Sixth Century.

Ann. Dom. 1662, in the city of Aurange, D. Baldwin and Mr Delafort, found puellum egregiam optime formatam extra uterum. The report of this discovery is made public by Sachs, with remarks, Miscell. Cur. Vol. I. Observ. 110. which he concludes with one more stupendous than all I have cited, which he had from the Silesia Chronicle, written long since by N. Polinus; and thus relates it:

A woman who had born ten children in fifteen years matrimony, conceived again; and, at the full time, was delivered thro' an abfcels of the left hypochondria: ex qua infans boni babitus extractus, qui baptizatus fuit, & annum unum cum dimidio fupervixit; mater vero, summis in doloribus tertio die obiit. He also, at the beginning, gives an account of a gentleman's fervant having killed an ewe which was thought fat, and having taken out the bowels, found a very unusual and monstrous lump of fat, proceeding like a wen from the middle of the omentum; and when opened, a lamb was found

found in the same. He likewise relates, that, thirty years fince, he had been shown the like in a bitch. He was also told by a gentlemanhunter, that he lately found in the paunch of a hare, two full-grown young ones amongst the bowels, but almost rotten, and three immature embryos in the uterus.

There is also in the Philosophical Transactions one cafe that feems to be published by two different persons, of near the same date, at Paris; the first is by Mr Saviard, No 222. p. 214. The second is by Dr Fern, No 231. p. 121.; which last I have copied, as being the

fulleft.

A goldsmith's wife, near nine months gone with child, was received into the Hotel Dieu, Sept. 20. 1696. She was then about thirtyfour years of age, of a tender constitution, had had four children before, all which had done very well; but with the present she had been very ill, and endured a great deal of mifery. The midwife who examined her body, found a confiderable rifing on the right fide near the navel, which very much refembled a child's head; her belly below that place bearing no proportion to that above or to the time of her pregnancy; on the left fide there was nothing fingular. The midwife thought she felt, through the vagina, a thick membrane filled and diffended with water, and in it the heel of a child bent towards the thigh; but she could not be affured whether this was within the womb or not, by reafon the inner orifice was drawn so high under the barnot

os pubis fhe could not without some difficulty touch it with the extremity of her finger. Upon trying fome time after, the could not discern any thing like the feetus she had felt before. The patient told her, that for the first fix weeks after her being with child, she had great and continual pains, which shot towards the navel, and terminated there; and these lasted till the third month; that from thence to the fifth she had frequent convulfions, apoplectic fits, and terrible syncopes, fo that those about her despaired of her life; that from the fixth to the eighth month she had enjoyed much better health, which in fome measure had strengthened her and her infant; that the pains the had endured fince that time feemed to be fo many alternate throes, probably proceeding from the repeated ftrokes of the child's head in that place, where the teguments were so thin, by reason of their great extension, that the hardness of the cranium could plainly be discerned through them. In this condition was this miferable woman when she was received into that hofpital; till, her affliction increasing she could not lie on her fides or back, being forced to fit on a chair or kneel in her bed, with her head resting on her breast. These strange and unaccountable fymptoms obliged the midwife to confult with the physician and master-furgeon of the house, who thought it was best to leave the work to nature, and prepare the woman for labour by opening a vein in her foot. The evacuation was ordered to be fmal

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fmall, in which regard was had to the weakness of the patient and the delicacy of her constitution. However, after this time the child made no efforts, and the tumour fubfided; there remaining only a hydropic indifposition, which might be perceived by the fluctuation; and a great quantity of water came away for feveral days, from the orifice of the vein; infomuch, that she who seemed to have her lower belly and thighs extremely distended, was very much emaciated before

her death, because her depart of the rad After her decease, her body was opened by M. Jovey; and upon the first incision thro' the teguments, there came awaytwo or three pints, Paris measure, of water and blood, and there appeared the head of a child naked. When the parts were all laid open, there was found an entire female fœtus, contained in a cover or bag, which at once ferved it both for a womb and membranes. M. Jovey took the child and umbilical string out of the mother's belly, tracing the string to the placenta, into which it was inferted. This last appeared like a great round lump of flesh, and adhered so firmly to the mesentery and colon on the left fide, that it could not be separated from them without some trouble. On one side of this lump was a leffer, about the fize of a kidney, which principally adhered to the mesentery, and received feveral branches of the string into it. The larger lump was round, and the greatest part of it adhered to the bag or case which contained the child. This case or bag was lacul

was corrupted and mortified in part, which probably might proceed from the frequent strokes of the infant's head. It sprung from the edges of the tube or fimbria of the right ovary, which was more entire than the left, and proceeded obliquely to the left fide, terminating at the bottom of the pelvis. In its descent it sent out a small portion between the womb and the rectum. This bag, by compreffing the neighbouring parts, had gained a confiderable space in the above-mentioned cavity; in fuch a manner, that a great part of the child's body was lodged at the bottom of it, in a bended posture, with the head projecting forwards, which formed the prominence near the navel. This bag feemed to be nothing elfe but an elongation and diftention of the tube, and an expansion or production of the broad ligament on the right fide; which was evident from its continuity to thefe parts, and the distribution of the spermatic veffels, which were larger than usual, and passed from the extremity of the tube to the larger lump. The womb was entire, and in its natural state, except that it was fomething larger than ordinary, being about the fize of that of a woman ten or twelve days after delivery, and no marks that the child had been lodged in it.

M. Jovey having observed this, thought proper to desist till several eminent physicians and surgeons were called; and then the womb being carefully dissected, it was unanimously agreed that the sectus had never been in it;

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it being, as it was noted above, in the same state as in women who are not with child. except the fmall dilatation of its bulk, which might arise from a compression of the vessels and interception of the refluent blood, by the unnatural polition of the fœtus. In thrusting a long and flender probe through the right horn of the womb, it eafily passed into the tube on the same side for three singers breadth in length, but it could not be thrust farther. by reason of the constriction of the tube in that part. The capacity of the tube could not be distinguished. The parietes of it, by their coalition with the chorion and amnios of the child, forming the bag in which the child was inclosed, which extended from the tube on the right fide to that on the left, and was agglutinated to the viscera of the lower belly. the rectum, and to the back-part of the womb, as appeared by fome fragments remaining on those parts after the separation.

A Fœtus in the right horn of the Uterus, by Dr Ferne, No 251. p. 125.

In diffecting the body of a woman who fupposed herself to be three months gone with child, I found the womb very small, not larger than in virgins, and a hard substance in the right horn; which being opened, appeared to be the skeleton of an infant, with the navel-string smeared round with a white matter not unlike plaster.

In the Phil. Trans. No 378. p. 387. An extrauterine Fœtus that had continued five Years and an half in the Body, by Robert Houlston, M.D.

I was fent for, in August 1717, to a woman near Newport-market, who had been married eighteen years to a native of the East-Indies. by whom she had eight children, besides two miscarriages. At my visiting her she was with child in a fecond marriage, and her husband a vigorous young man. She was near her full time, and had felt pain for feveral days, which, returning by intervals, she concluded would, as usual, bring on delivery. Her mother and her midwife apprehending no difficulty, affured those about them that only time was wanting. But I found, on examination, that her womb was of no bulk to contain a child near its time; and that its neck, which was of an uncommon hardness, was also closed so straitly as to refuse the admission even of a small probe or knitting needle. I declared upon this that her delivery was impossible, because the child was not within the womb, but between the womb and the guts; but that it might be removed by a passage to be made for it, without any great pain, and with fafety to the mother. I offered to undertake it; and affured them that this was the only opportunity, and that if he neglected it, it would be out of the power of art hereafter to give her any relief; for she must languish till death, unless favoured

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voured by fome unlikely and extraordinary accident. However confidently I affirmed it, they listened with a mixture of disbelief and amazement, and rejected my affiftance. At that time, in all probability, it would have been fuccefsful; for the was a flender wellshaped woman, in good habit of body, and of a fprightly disposition.

It was a year after this when I was defired again to visit her. I found her much disordered by a growing imposthumation in her belly. I ordered her some cordial stomachies, cassia, and fuch gentle lenitives; and they met with fuccess beyond my expectation; so that by aid of a regular diet, and the watchful exactness of a very tender mother, (a nurse of about thirty years experience about this city), I reflored her to fuch strength, that she went cheerfully abroad, and applied herself to business.

About fifteen months after the time when I visited her first, her mother came from her to intreat my affiftance: fhe complained of great pain in the lower part of her abdomen; and I found a tumour of a conic form, projecting about an inch beneath the umbilicus; its inflammation, with tension and a feverishness attending it, fo plainly indicated suppuratives, that I was not surprised to hear in a few days that it had broke as I wished. I proposed to lay it open, both to give a free emission and prevent its becoming filtulous; but the was apprehensive that I would, as she called it, cut open her belly: fo that not being able to prewail with her, I ordered her a pot of unquent Denueva and

and some plasters. The ulcer soon grew fiftulous; and fo continued till the died, which was on the 22d of April 1722, in the 41st year of her age. This is the and the sold son age.

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For above five months before her death. the voided her excrements by this vent; and all the foft parts of the fœtus, with some small bones of its fingers. But the rest of the skeleton remaining entire, I took it out of her body, together with the vagina, uterus, rectum, &c. wherein it had involved itself, as may be feen more particularly in the figure annexed.

A Fœtus formed in the Ovarium, by M. de S. Maurice, Phil. Trans. No 150. D. 285.

A woman, after being fafely delivered of eight children, and continuing five years afterwards without having any more, about three months before her death, suspected herself to be fallen into that condition again; because she never before failed of being very regular, and had not found herfelf fo for more than a month. After this, she had a little show, which scarce left off wholly during the two last months of her life, and which she past, nevertheless, without much trouble; fo that the thought herfelf to be secure as to the point of her being with child. But, April 22. 1682, after she was up in the morning, in very good health, she fell into faintings, had violent pain like a colie, in the region of the right groin, which terminated at the reins, a little after eight in the evening. She felt all the præludia of an imminent tra-

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vail:

vail; she called her chirurgeon, and died in his arms, saying, "I am delivering, I am delivering;" there appearing outwardly neither distillation nor flooding, nor any mark of this disorder.

On opening the integuments of the belly, all the entrails of the epigastric region were feen floating in blood, which was taken out with a spoon, to the quantity of two pounds. To avoid changing the fituation of the parts. a large quantity, which was coagulated, still remained in the right flank; and trying to take this out with the hand, a little fœtus was found in the first clots, about the bigness of a man's thumb; and a third less in length, all very diffinctly formed, and in which was manifeftly discovered the fex of a boy, but naked and without covering. The right cornu of the womb was found near this place; the testicle or ovary was torn longwise, and through the middle on the fide, that it did not touch the tuba. This testicle was near the bigness of a hen's egg, and feemed to be the place where the fœtus was contained, and which had burst through the fame, for the left tefficle was no bigger than a little chesnut: the tube was not dilated, neither was there any rent of the uterus, which appeared to be in its natural state. and was, as Dr Harvey had described it, in the first month of pregnancy; but when it was opened, he found not the least fign of conception; the vessels of the interior membrane feemed full of blood and varicous, which might be the cause of that little show of blood, as before mentioned.

He remarks, that although authors speak of fœtuses found in the tubes and belly, he does not know any that mention their being in the tefficle or ovarium, as this feems to have been.

In the Phil. Trans. Nº 367. p. 126. a Fœtus that continued 46 years in the Mother's Body, communicated by Dr Stegertahl.

Anna Mulleen, of the village of Leinzelle, near Gemund in Suabia, of a dry and lean constitution, but otherwise healthful and robuft, died at the age of ninety-four, after she had lived a widow forty years. Forty-fix years before her death, the declared herfelf to be with child, and had all the usual tokens of pregnancy. At the end of reckoning, the waters came away, and she was taken with the pains of labour, which continued upon her about feven weeks, and then went off, upon the use of some medicines given her by a furgeon. Some time after this, the recovered her perfect health, except only that her belly continued fwelled, and that now and then, upon any exercise, fhe felt a little pain in the lower part of it. She was after this twice brought to bed; the first time of a son, who is now a huntsman at Bischoffshein, and afterwards of a daughter who is married to a foldier. But notwithflanding this, she was firmly persuaded that the was not yet delivered of what the first went with, and defired Dr Wohnlixe the physician of Gemund, and one Knaussen a surgeon at Heubach, to open her body after her death. Accordingly, after her death, which happened Jon incl

on the 11th of March 1720, after four days: illness, her body was opened by the furgeon. the physician aforementioned being dead. He found within her a hard mass of the form and fize of a large nine-pin bowl, but had not the precaution to observe whether it lay in the uterus or without it, and, for want of better instruments, broke it open with the blow of a hatchet. This ball and the contents of it are explained in the figures of the Transactions; and, according to the description and appearance, feems to have been fo ftrongly pressed, that the parts were consolidated to one another, and the integuments in a manner offified. The nofe was turned up and flattened, and the eye closed; but the ear. the arms, of which the right is the largest, and the two joints of the thumb, &c. are plainly diftinguishable.

An Account of a Child taken out of the Abdomen, after having lain there upwards of fixteen Years, during which time the Woman had four Children, all born alive. By Starkey Middleton, M.D.

GENTLEMEN, OR SHOOK , MOOR TO STATE SIVE

The records of your fociety furnish us with feveral cases of extra-uterine conceptions, one of which I communicated to you, March 28. 1745. Nevertheless, I could not help flattering myself, that this case also might be worthy your notice.—In April 1731, Mrs Ball, without Bishopsgate, perceived by the usual symptoms that she was pregnant; and, in October sollowing.

lowing, being then in the fixth month of her pregnancy, the had a child died in her lap of convulfions; the furprife of which cauled a great fluttering within her, attended with a fensible motion of the child; which motion continued, though gradually weaker and weaker, for about fix or feven days, after which she did not perceive it move any more; but from this time the had constant pains attending her, which appeared like labour-pains. Her midwife for several days expected a miscarriage; but finding herfelf disappointed, advised her to apply to Dr Bamber, whose known abilities in the feveral branches of physic, joined to his great experience and judgment in midwifery, made him unquestionably the most proper person to be consulted, as the case appeared fo very uncommon in its circumstances; at the fame time that his great humanity always gave the most free access to the poor in their diffreffes. The doctor, after a proper examination, finding sufficient indications of a dead child, ordered her fome forcing medicines; upon taking which about three times. the discharged something, which the women supposed to be part of the after-birth, accompanied with a small quantity of water. In confequence of this discharge, her pains ceased, but without any diminution of her belly. After fome time, the again applied herfelf to the doctor, who thought it most advisable to difcontinue her medicines, and leave the affair entirely to nature. In this state the continued for about twenty months, viz. to July 1733, which

which was two years and two months from her first reckoning; she then again applied to Dr Bamber, acquainting him, that fhe was not yet delivered of the child fhe fo long fince came to confult him about, and that her pains were lately returned, and daily increased without any intermission. Upon the doctor's examining her, he thought it proper to fend her home immediately, directing her to promote her pain by frequently fupping some warm caudle, &c. by the use of which her pains became more regular; and the next day the doctor made her a vifit, and was informed she had discharged two waters, but nothing more: he then carefully examined her again, and plainly felt a child through the integuments of the abdomen, but could not give her any affiltance. meranomy with all bounds

It was about this time Dr Bamber first acquainted me with the case, desiring me to attend her as often as occasion might require; and that I would acquaint him if any thing like labour, or other remarkable alterations should offer. Accordingly, I made her a vifit, and after a proper examination, was convinced of the certainty of the doctor's affertion. Her pains now began to abate, and she grew tolerably easy; but about the latter end of January 1733-4, the conceived again with child, and was delivered the 28th of October following by Dr Bamber, who fent for me to attend him in her labour : the doctor foon delivered her of a fine boy, and after having brought away the placenta, he fearched for the other

other child, which he had before felt through the integuments of the abdomen, but found it lodged in the cavity of the abdomen, and beyoud the reach of human art to relieve her. This fact every one then present was made senfible of stin deli and ; binung amon bams

October 22. 1735. I was fent for to her in her labour, but before my arrival she was delivered of a boy; however, I brought away the placenta, which gave me an opportunity of examining for the other child, and found it in the fame fituation as formerly.

October 9. 1738. I was again fent for to her when in labour, but she was delivered of a boy before I arrived. Upon examining the womb, and the state of the abdomen, the: child appeared just as before, without any alteration, not we will the latest a lamb after the heart after

June 17. 1741. I was again fent for in her labour, but found her just delivered of a girl; and, upon examining the parts, every thing

appeared as before.

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Oct. 14. 1747. Being greatly emaciated by constant pains, &c. she was admitted a patient in Guy's Hospital, where she died the 7th of November following, after having laboured under the distresses and uneafiness of carrying a dead child within her, in a manner loofe in the abdomen, upwards of fixteen years. The day after her death, I opened her in the presence of doctors Nesbit, Nichols, and Laurence, when the uterus, and the feveral other contents of the abdomen, appeared nearly in their natural state; but on the right side, with-D 6

in the os ilium, a child prefented itself, which was attached to the ilium and neighbouring membranes, by a portion of the peritoneum, in which the fimbria and part of the right fallopian tube feemed to lofe itself. The child feemed nowife putrid; but the integuments were become fo callous, and changed from their natural flate, that the whole feemed to refemble a cartilaginous mass, without form or distinction; the legs, indeed, were distinguishable, though they were much wasted and diftorted. Upon opening the callous integuments of the head and face of the child, the bones appeared perfectly formed, with a few spots of tophous concretions on them. This account may ferve to convince those who are of opinion that boys are conceived on the right fide and girls on the left, as this woman had three boys, and one girl after the fallopian tube on the right fide had loft its action. Tours, Tours,

S. MIDDLETON.

Laurente allegius dina In the memoirs of the Academy of Sciences at Paris M. 1702. pl. 234, &c. we read of a fœtus extracted by the anus; and in H. 1722. p. 20. of one found in the fallopian tube. The German Ephemerides, an. prim. L. III. Obs. 110. mentions a feetus lying betwixt the uterus and rectum: and Tom. III. Observ. 11. describes another found in the abdomen of a woman, where it had lain above fixteen years.

In the Med. Effays of Edinburgh, Vol. V. Art. 38, is the history of one child extracted by an opening in the abdomen, and part of another passed by stool; by Dr Gabriel King, physician at Armagh, Ireland.

COLLECTION VI.

Of Superfortation, or what was formerly fupposed to be fo. Vide Vol. I. Book I. Ch. 3. Sect. 6.

CASE I.

N the year 1728, I was called to a woman in the country, who was feized with a violent flooding in the fourth month of her pregnancy; and before I reached her house, which was about four miles distant from the place of my habitation, she had miscarried of a small fœtus and the fecundines. The discharge was abated; yet, as she had been before delivered of twins, at three different times, I examined the vagina, and found the os internum fo much contracted, that I could hardly introduce the top of my finger. The neck of the womb feemed to be about half an inch long; and above that I felt a pretty large stretching of the uterus on the fides and anterior part. As she had rested little the preceding night, I prescribed a paregoric mixture, with thirty drops of liquid laudanum, two spoonfuls of which she took every two hours, until fome flight pains that ftill remained were removed, and she fell afleep. In two days she was perfectly easy, and in about three months after this period her husband

husband brought her to my house, where she told me she had been irregular in the discharge of the menfes fince her miscarriage, and was grown very big; a circumstance she imputed to a dropsy, or rather a tympany; for she found frequent motions from wind. By examining the abdomen and vagina, I plainly perceived she was in the eighth month of pregnancy, and affured her the wind she felt was no other than the motion of a child; observing that she had probably conceived two children as formerly, and though she had miscarried of one, the other had remained, and would continue to the full time. My prognostic was verified in about nine weeks. when the was delivered of a full grown female child.

CASE II.

About three years after this transaction, my affiftance was demanded to a woman, who, in the fixth month of her pregnancy, was also taken with a flooding, though in a small quantity, which continued ten days before I was called; fome water was likewise discharged without pain, and vielded a mortified fmell: I understood, that the day before I was confulted, she had felt some slight pains, and a few small bones had been discharged from the vagina; and thefe, upon examination, proved to be the bones of the legs and arms belonging to a fœtus. I could scarce introduce the tip of my finger into the os internum, though the neck feemed larger than usual, and above that

that the uterus was pretty large. The cloths, that were moistened with a serous discharge, exhibited a brownish colour, and had a putrid smell. The woman was much alarmed, her spirits were sunk, she had for some time enjoyed little or no rest, and was costive. I ordered an aperient glyster to be immediately injected, after the operation of which, I directed her to take ten grains of the Pil. Matth. and next day four spoonfuls of the following mixture, every six hours:

B. Aq. Puleg. Zvi. Bryon. Comp. Zi. Tinet. Caftor. gutt. c. Spt. C. C. gutt. lx. Syr. Caryoph Zi. M.

I likewise directed the glyster to be repeated every afternoon, and the pills every night, if there should be occasion, and found her perfectly easy and free from all complaints, and was told she had the preceding night discharged the rest of the bones and secundines of a child. I insisted upon her keeping her chamber and bed for some days, and prescribed a cordial mixture, with some doses of sperma ceti, at the request of her semale acquaintance.

About two months after this disorder, I received another call, when she told me her stomach was pussed up with wind, that she was taken with a violent cholic, and had been three days without passage in her belly. When I felt the abdomen, as she was a thin woman, I could plainly perceive a stretching of the uterus, extending above the navel; and upon examining by the touch, in the vagina, selt the os internum largely opened, the membranes with the waters pushed down, and through these

thefe the arms, shoulder, and navel-string of the foetus. She was agreeably surprised when I told her she was in labour of a child, though in the seventh or eighth month; then being put to bed, and the semale friends assembled, she was, to her great joy, delivered of a live male child, which, though small, was reared by sucking another woman at first, and afterwards the mother, who had formerly lost twochildren.

CASE III.

Communicated by MR CAMPBELL, in a letter dated from Poole, April 25. 1750.

Six, much has anniegt best blical

The following being a very uncommon case, I am willing to communicate the same, to have your sentiments on the subject.

A woman in this neighbourhood was delivered of her first child, and the delivery followed by severe after pains; and, five days after, she miscarried of a fœtus, which could be no more than four or five months in growth. There was no sign of putrefaction about it, though it was still-born; there was no hair, nor other sign of its being longer conceived. How to reconcile this with the present doctrine of conception, will, I believe, be found difficult. I should be glad, if at the same time you would be pleased to acquaint me how todistinguish betwixt an obstruction and the total disappearance of the menses in women.

My answer was to this effect. fore the Royal Society of Lendon, are there is and it in a true, who was brought to had of the are

What you have writ me feems to favour the notion of fuperfectation more than any thing I have met with in practice. But there are instances of extra-uterine fœtuses which have lain whole years in the abdomen without being putrified. However, we fee from time to time things happen that we cannot account for, and these destroy all our fine theories.

The menses commonly disappear in women between the age of forty-five and fifty: fometimes they leave them fooner, if the woman chances to grow fat, if the catamenia appeared early in life, or if the hath bore many children : but whether the diforder proceeds from obstructions or the total disappearance of the menses, the intention of cure in both cases is, to repeat venæsection and gentle purgatives bushed to lied any dordw to winter

Schenckius, Lib. IV. De Superfætatione, p. 617. has collected several observations of superfœtations.

Others of late, to prove the possibility of fuch things, have advanced an attested case from America, of a black woman, who, by converting with her hulband, of her own complexion, and immediately after with a white overfeer, was delivered of twins, one a mullatto, and the other a black child : also another of a woman of Charlestown, South-Carolina, about the year 1714, and mentioned

tioned by Dr Parsons, in a lecture read before the Royal Society of London, October 1745, who was brought to bed of twins, one a mullatto, and the other a white child. She confessed, that immediately after her husband had left her, a negro servant came to her, and forced her to comply with his desires, by threatening her life if she refused.

In the Memoirs of the Academy of Sciences at Paris, H. 1702. p. 30. &c. we read of the delivery of a boy, in whose placenta was found a fort of bladder, which contained a female feetus, reckoned to be four or five months: and, H. 1729. p. 12. of two children delivered at a day's distance, one aged forty days,

the other at the full time. To said at visco in

Ruysch, in Tom. I. Observ. 14. gives an account of a surgeon's wife at Amsterdam, in 1686, who was delivered of a strong live child, and in six hours after, of a small embryo, the funis of which was full of hydatides, and the placenta as large and thick as in one of three months. He exhibits a sigure of this phænomenon.

Mauriceau, in the midst of his additional Observations at the end of the book, mentions his having seen a young woman who had been delivered, at the usual time, of twins, one of which was alive and of the ordinary size; the other was dead, and seemed to be only of three or four months. He accounts for this circumstance, by supposing the death of the child at the term of four months, but that

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that its waters remained uncorrupted, from the air not being admitted, &c.

COLLECTION VII.

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Of Women who exceed the common Term of Gestation. Vide Vol. I. Book. I. Chap. 3. Sect. 7.

be refrict the feeting percenting at the seem of the petris, with a H St A car for fore time.

Was bespoke, in the year 1742, to lay a young woman of her first child. She was taller than the middle fize, and had been healthy from her infancy. She was married in September, about a week after the menstrual discharge, which not returning at the stated time, the was feized with the usual complaints of fickness and retching, which her mother supposed to be certain signs of pregnancy; and though fhe reckoned only to the beginning of June, she was not delivered till the end of August. Before marriage, the menses had flowed regularly every four weeks; and though she, perhaps, did not conceive immediately after wedlock, it was reasonable to suppose she actually exceeded the usual term of gestation, by four or five weeks at least. Her labour was very tedious, though the pelvis was of a large fize; but the child was very lufty, and the head squeezed into a longitudinal form. 'Iwo years after, I delivered her of a fecond child, which was also very large; yet the labour was short, and happened according

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cording to the common time of reckoning: nor was the head of this last squeezed into a longish form like that of the first, which was indeed the largest child I ever brought into the world.

CASE II.

In the year 1735, I was called by a midwife to a woman in child-bed, and found the breech of the fœtus presenting at the brim of the pelvis, where it had fluck for some time. without advancing, although the mother had been long in labour, and the membranes had been broken eighteen hours before I came. I with great difficulty pushed up the breech, and brought down the legs; and after much fatigue delivered her of a live child. According to this woman's reckoning, she had exceeded the usual time of gestation by eight weeks; for the affirmed, and her mother confirmed the affertion, that she had but one discharge of the menses after she was married, and in the middle of the month was feized with the common symptoms of pregnancy, from which they concluded she had conceived foon after the evacuation.

I have selected these two cases from a great number of less certainty, to show that women may probably go with child beyond the nine months: though this is a circumstance that rarely happens. Indeed, I have known many women exceed that period by their own reckoning; but I have generally supposed they committed some error in keeping the account.

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Vide

Wide Lamotte, Liv. I. chap. xxvii. and xxviii. where we read of women who have been delivered a confiderable time before and after the term of reckoning. I myfelf very often find my patients go two or three weeks beyond the nine months, reckoning from the last discharge of the menses.

COLLECTION VIII.

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Of what is commonly called the False Conception, Molas, and Hydatides.

NUMB. L. CASE, L.

Of False Conception.

BEING called to a gentlewoman in the year 1722, I was told by the women who were about her, that she had miscarried of a false conception in the third month; and that the same missfortune had happened to her several times before this accident. The midwise pretended that these salies conceptions proceeded from a soulness of the uterus, and had prescribed, from time to time, decoctions of sabine, artemisia, and other herbs, to be taken by the mouth and injected by the vagina.

This being the first case of the kind which I had seen, I carefully examined the substance, which was bigger than a goose egg, and found it no other than a coagulum of blood, of which she had lost a large quantity, formed round the secundines

fecundines by the pressure of the vagina, where it had lain for many days. I plainly discovered the cavity which had contained the embryo, and assured them it was a real conception, though the embryo had been forced

through the membranes and loft rig ad boov

Since that time I have been concerned in a great number of cases of the same kind: sometimes I have found the embryo partly dissolved, and sometimes perfect, commonly of the size and sigure of a small horse-bean, when the miscarriage happened in the ninth or tenth week of pregnancy; but when no embryo was found, it was always termed a salse conception by the good women.

When the membranes broke before the fecundines were discharged, I have known the embryo pass off unobserved with the coagula of blood, and be lost among the cloaths; and at other times, when the membranes were not broke, I have found it dissolved in the

waters. The many lived position has been added and

In one case where I was concerned, the chorion had broke, and the amnios was discharged whole, with the embryo swimming in about ten times its own bulk of water, as clear as crystal. Though it was not bigger than a small bean, I could distinguish the legs and arms pretty well formed; but as I had not beisure to immerse it in spirits immediately, it lay in a cup for the space of twelve hours, at the expiration of which I found the waters muddy; and when I opened the amnios, in order to evacuate the corrupted fluid and supply

ply its place with spirits for the preservation of the embryo, I perceived the legs, arms, and greatest part of the body, were quite dissolved.

C A S E. II.

In the year 1723, I attended a patient who miscarried in the fifth month, the fœtus and membranes having been discharged together. About five days after the miscarriage, I was called to examine a substance, which had been passed with a great deal of pain, and which the midwife termed a real false conception. This was about the fize of an hen egg, furrounded with what appeared to be a strong, thick membrane, which when I opened, I perceived the whole was no other than a coagulum of blood which had been strongly pressed in the uterus or vagina, so that the serous part having been squeezed out, the furface, in consequence of the pressure, had affumed the form and appearance of a membrane. I have seen a great number of such substances, which have been always mistaken for false conceptions, by midwives, nurses, and even gentlemen of the profession. Indeed, I myfelf had at first a confused notion of these things, until I understood that coagula of blood would assume such appearance from pressure in any cavity. These I have seen difcharged both before and after miscarriages and deliveries, at all times of pregnancy, though generally in the first five months, and more frequently in the third than in a more advanced state of uterine gestation.

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greatest part of the had Mage quite differred.

In the month of December 1742, a widowgentlewoman, about the age of fifty, was fuddenly feized with violent pains, like those of labour, and a discharge of blood from the uterus. Two years had elapfed fince her men-fes disappeared; but, having received a fall down stairs, she had, from the time of that accident, been subject to pains in the lower part of the abdomen and back, with a flow draining of blood from the uterus. These complaints continued fix months before the was taken with the violent pains, in confequence of which I was called to her affiftance. I felt the os internum a little open, and fomething presenting, like the edge of a placenta, or a round fleshy fubstance. She was for several days kept tolerably eafy, by taking five or ten grains of Pil. Matth. or draughts with liquid laudanum, from fifteen to thirty drops, repeated occasionally as the pains returned. Laxative and emollient glysters were frequently injected by way of fomentation, as well as to evacuate the intestines. The os internum was gradually dilated, the discharge and pains suddenly returned, a large oblong flesh-like substance was thrust down into the vagina, and by gently opening the os externum, at length extracted, when the pains and flooding abated. This substance being examined, appeared to be nothing else than the fibrous part of the blood, strongly squeezed STATIST together,

together, nearly as large as the head of a child, in the fixth or seventh month. A bloody serum continued to drain from the parts for several days, when the red colour vanished, and it began to yield a strong fetid smell. She was seized with violent pungent pains in the hypogastric region, the lips of the os internum swelled, and became unequally indurated, the pains and discharge increased, with all the directal symptoms of a confirmed cancer in utero. Yet no other sless substance was evacuated, though every now and then she was attacked with violent sloodings: at length she became heetic, and died in about three months.

(Vide Col. IX. No II. Cafe III.)

CASE II.

Mr Watkins, Surgeon at Coleshill in Warwickshire, in a letter dated August 24. 1746, writes to this effect.

GIVE me leave to trouble you with one case, as a confirmation of your doctrine that the mola is for the most part an excrescence or coagulated blood, and not a false production from generation.

I was called to a married woman full fixty years of age, who flooded profusely, in confequence of a falling down of the womb, as I was informed by the midwives, for she was attended by two who had attempted the reduction. Finding an impersorated substance prefenting, I concluded it was not the uterus:

Vol. II. E then

then placing her in a proper posture, I introduced my hand, and delivered her of a muscular, or rather tendinous-like substance, as big as a large calf's heart, exactly resembling the auricles, and conical point, which had presented at different times, for seven years last past, with vast slooding and excruciating pains. The loss of blood was now excessive, but by the help of incrassating medicines and acids, she is happily recovered and hearty.

Vid. Boneti Sepulchret. Lib. III. Sect. 37. Ruysch. Tom. I. Observ. 28. and 29. Forestus de Morbis Mulierum, Lib. XXVIII. Hildanus,

Centur. 2. Observat. 24.

NUMB. III. CASE I.

HYDATIDES discharged from the UTERUS.

In the year 1752, one of my pupils attended a poor woman, who, in the fourth month of her pregnancy, was taken with a violent flooding, which was restrained by opiates; but in three days returned with greater violence, accompanied with strong pains and frequent straining like a tenefmus. At length she discharged a potfull of coagulated blood and hydatides, adhering to a membranous fubstance, or to one another, like a bunch of grapes of different fizes, from the bigness of a nutmeg to the smallness of hemp-seed. The patient was reduced to fuch a degree, that we thought fhe could not possibly live; nevertheless, she gradually recovered, contrary to our expectation. CASE

CASE II.

Communicated by Mr CRAWFORD of London, in the year 1753.

I was called to a woman about the age of twenty-feven, who thought herfelf feven months gone with child. When I entered the room, the stood leaning on the back of a chair, with an earthen pot betwixt her legs: she had voided near a pint and an half of blood into this receiver before I came, and at times evacuated the same quantity for near three months. Her flooding was then much abated; but she was very weak and low, though almost entirely free from pain. When I examined the matrix, I found the os tincæ open to scarce the breadth of half-a-crown, but nothing like the appearance of a child. Though her flooding was now but small, in consideration of her having enjoyed no rest for three nights before, fhe was, by my direction, put to bed, and took a composing draught, which made her sleep about two hours; but she waked with feemingly strong pains. I examined her again, and introducing my fore and middle fingers into the vagina, felt fomething which I mistook for clotted blood. It filled both my hands when I brought it away, and appeared to be a large bundle of hydatides, connected one with another by an infinite number of small slender filaments. These bladders contained a clear lymph, and were of different fizes, some as large as my thumb, and others as small as a pin's

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pin's head; and her pains continuing, she evacuated as many as filled a two-quart bason: thus delivered, she was freed from her pains. her flooding ceafed, and the womb contracted to the fize of my fift. Nevertheless, she was strongly possessed with the notion that there was a child remaining, and earnestly begged that I would bring it into the world. I affured her that she was already delivered of what the had miltaken for a child; and having prefcribed what was necessary, left her very well fatisfied and composed. Next day I found her eafy: fhe continued to do very well, and, at the writing of this case, was in the fifth or fixth anonth of pregnancy, well bus assweries asw

N. B. She had been delivered of two children before the was troubled with the hydatides, militar to a law to the set to the set ad

about the design of the second MR LAMOTTE, in his XVIth Observation, gives an account of a woman that imagined herfelf gone with child above five months, who was delivered of a mole, or fomething of that nature, as big as two fifts, composed of an infinite number of veficles, tied to one another by membranes, and which held together like a fwarm of frogs; after being excellively weakened with a continual loss of blood for eighteen days, which was flight at first, but became very violent before delivery, and stopped immediately after.

In Observat. XVII. he gives an account of a woman that imagined herself gone seven or eight months, who passed a great quantity of

waters.

waters, which, he thinks was a real dropfy of the uterus.

In Observat. XVIII. he gives a case where the abdomen increased to a great height, to the eighth or ninth month; and, although the woman had her menses, she imagined she was fo long gone with child, having miffed one period at the beginning of her reckoning; but instead of being delivered of a child, she, for feveral days together, passed an incredible quantity of wind, making the fame noise as when it vents itself at the anus, but involuntarily. Vide Ruysch. Tom I. Observat. 28.

In Phil. Tranf. Nº 309. p. 2387. there is a paper by Mr J. Young, giving an account of balls of hair, with bones in the middle, some like teeth, others resembling the mandible, with a few fockets and teeth in them, contained in different parts, as the uterus and ovaria,

There are also accounts of the same kind. by Dr Edward Tyson, No 2. p. 11. and by Dr Sampson, No 2. p. 49. marke act out there

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COLLECTION IX.

Of Polypus, Scirrhofity, and Cancer, in the UTERUS and VAGINA. Vide Vol. I. Book I. Ch. 3. Sect. 9.

NUMBI. CASE I.

Of the Polypus.

WOMAN turned of thirty, who never had bore children, confulted me, in the year 1726, about a very extraordinary diftemper. One of the sebaceous glands, on the right fide of the os externum and close to the carunculæ myrtiformes, had infenfibly increafed and swelled to such a degree, that I found it as large as a middling pear, hanging from the part by a long neck as thick as my little finger, and about half a yard long, fo that the tumour reached down to her knees. I perceived the lower end, which was the largest, excoriated, and appearing like an herpes, though she felt no pain; and from this part a small quantity of blood was discharged during every menstrual evacuation. A ligature being applied to the neck of the tumour, close to its origin, it was amputated, and the wound cured without any difficulty.

CASE II.

In the year 1742, a midwife being called to

a woman in labour, about the age of twentyfix, felt not only the child's head pushing down through the os internum into the vagina; but, at the fame time, another large, firm, round substance at the side of the head, protruding in the fame manner. A male practitioner being confulted, could not discover the nature of this tumour, and left the patient, telling her it was furgeon's work. Nevertheless, the head was with great difficulty forced beyond the swelling, and the child delivered, though the midwife was unjustly accufed by the neighbours of having pulled down the uterus. Some months after her delivery, the tumour inflamed, and matter being formed below its furface, was discharged to such a quantity as emaciated and enfeebled the patient. A gentleman being called to her affistance, defired my advice; but when we confulted together, no right judgment could be formed, because the tumour filled up the whole vagina, and the os internum could not be felt. We recommended a milk-diet, and fome time after the confultation we were called again, when we found the fwelling forced down without the external parts, and could plainly feel the os internum, to the fide of which the tumour adhered by a very short neck, about an inch thick, and of a livid colour towards the lower part. The os internum was pulled down in fuch a manner that the lips were perceivable, together with the upper part of the tumour, which had not as yet changed colour. Round this, a firm ligature E 4 be-MINERAL

being made, the tumour was amputated, when we found the lower parts of its neck already livid. Before this separation the patient had been tormented with violent pains from the pulling down of the uterus and the straining of the ligaments, and at the time of the operation was very much exhausted; so that she died in two or three days after the excision.

The body being opened, the under side of the uterus was found mortissed, and the right side adhering to the neighbouring parts, by which the ovarium and Fallopian tube of that side were covered and concealed. The tumour being cut open, appeared to be a solid,

firm, glandular fubstance.

CASE III.

Communicated in a letter from Mr Holyoake, dated Jan. 29. 1750.

The child presented with the back, and was extracted footling; and after delivery, the placenta came away with little or no affistance: but the uterus still continuing remarkably large, Mr Holyoake suspected that there was contained in it a great quantity of coagulated blood, or another child. He accordingly introduced his hand into the womb, and felt a large sleshy substance adhering to the lest side of the fundus, with small excrescences hanging from it like teats. At first he was afraid of extracting it, lest it should be followed by a mortal hæmorrhage; but, considering that a dangerous slooding might ensue from the uterus

uterus being thus kept distended, he resolved to separate this substance; which did not come away without confiderable force, and weighed near two pounds, being of the texture of a is in or appearing in supplied with the

As he defired my opinion of this affair, I observed in my answer, that glandular excrescences, or polypufes, are commonly attached by veffels, and could not have been feparated with the fingers: the placenta, when left and long retained in the uterus, is compressed into a scirrhous hardness; that the nature of molas is not yet afcertained; and; though fometimes unaccountable appearances occur, this fubstance feems to have been a large coagulum, which had acquired fuch firmnels by preffure, in a flooding which might have happened before he arrived.

I myself had extracted as large coagula after delivery, though of a loofer texture; but those formed in repeated floodings, before delivery, are more folid, and affume the appear-

ance of a fleshy substance, into all serial serial serial

C A S E IV. d and

In the year 1753, I was called to a woman by Mr Pinkstane, who informed me that she had been much weakened with large discharges: from the uterus, at first sanguincous, and afterwards of a brownish colour and fetid fmell: on examining the vagina, I felt the uterus largely stretched, with little or no neck, and a little above the pubes, the abdomen felt like one in the fixth month of pregnancy. The

os uteri was thin, and fo much open as to receive the end of my finger; and I found a fmall fubstance like a polypus lying loofe within it. Two days after, being again called, the above gentleman told me, that the woman had fomething like pains; that the os uteri was more open, and he could feel the fubstance adhering to the uterus by a fmall neck. This was really the case; but when he pressed on the abdomen to keep down the uterus, I felt a contraction higher, as if the neck of the polypus adhered to another round hard fubstance, much larger and higher in the uterus. In two or three days more, I was again called, and informed he had hooked down the polypus with his finger, through the es uteri into the vagina. I then found it more fenfible, adhering to a larger fubstance; yet at no time did I perceive any difcharge on my finger. She was aged thirty-eight years, had been married about a year : and although regular in the menstrual discharge, her bigness gave fome fuspicion that she might be with child. She had been taken with frequent ficknesses and retchings; which, about fix weeks before I was called, had increased, and she was every now and then attacked with violent pains; then followed the large discharges, which weakened her fo much as frequently to throw her into dangerous faintings. Every thing necessary was ordered as to diet and medicine, to support and keep up her strength; but the discharge was so-great, that she at last funk under it and died. When the abdomen was was opened, a large quantity of brownish fetid fluid was discharged, and a tumour appeared at the lower part, larger than a child's head, which we took first for the uterus; and from which we, with great difficulty, feparated the peritonæum, omentum, and intestines; all these adhering so firmly to one another that we could scarce distinguish and separate them without tearing the parts. Finding we could not be informed properly, as the uterus lay in the abdomen, all was carefully diffected; and, when taken out, we found this large tumour was not the womb. We then endeavoured to find the ovaria and Fallopian tubes; but all the neighbouring parts adhered all round fo strongly that there was no such thing to be discovered. Having dilated the fore-part of the vagina, we discovered the little polypus lying in it, about the bigness of a kidney-bean, with a flender neck about an inch long; and opening the os uteri, we perceived a little cavity in the neck that had been firetched by the polypus which it contained. Tracing farther, we found the cavity of the fundus uteri, to our great surprise, no larger than in an unimpregnated state, and the neck of the polypus adhering, as we thought, to a round hard tumour that was contained in the: fubstance of the uterus, on the left side of the neck. This being diffected out, feemed to be one of the glands increased to the fize of a: fmall pullet's egg, covered with the internal membrane of the uterus; and the polypus adhered only to the infide membrane, and not to: to the gland. It was also covered by the peritonæum on the left fide, and when cut open, was of a whitish solid substance. The polypus, when cut, was fofter, and in colour and confiftence like a kidney. We then examined the large tumour, at first taken for the uterus, which was of a livid colour, and full of the fame fetid brownish fluid that was found in the abdomen. We observed a small opening at the back-part, by which this had been gradually discharged into the abdomen, and another opening lower down through the rectum, which was livid. This circumstance showed that the fluid trickled from the tumour into the abdomen, and from thence through the rectum and fundament, and not from the uterus through the vagina, as had been imagined. This tumour appeared to proceed from the fundus uteri; and, in examining more narrowly the substance of the uterus, which was white, folid, and a little thicker than common, we found another gland near as big as the first, and a little above, on the left fide of the fundus, and contained also in the fubstance of the uterus; but when we cut open this gland, it was grown livid on the infide. We then concluded, that it was more than probable the large tumour was originally one of these glands that had increased gradually as the others; that it had turned cancerous on the infide, and had been gradually stretched more and more with the cancerous fluid that had burst through, and was difcharged as was before observed. The inside of of the tumour was full of little hard knots, of the bigness of hemp-seed, and the coats about one-eight of an inch thick. The pain was much of the fame kind as a burning heat and tearing, attended with a hectic fever, fyncopes, a low, quick, and fometimes an intermitting, pulse. These symptoms, before I examined the os uteri, made me imagine there was a cancer in the uterus; but, finding the os uteri foft and not scirrhous, and in large hard bumps as in other cases when cancerous, I was at a loss what judgment to form, though I imagined it was more probably a gland or polypus, increased to a large fize in the uterus, and turned cancerous, and that the small polypus was an appendix from that; and as the had fomething every now and then like labour-pains, the large polypus, if it adhered to the uterus with a fmall neck, might be at last forced down into the uterus and taken off by a ligature and passed of supposition of hor threeat must be done death, the continued on

C A S E V.

Communicated by Dr HARVIE.

Dec. 1757. A woman who had bore several children, and was of a delicate constitution; about the age of forty-five began to be irregular as to the catamenia. Sometimes she had frequent returns, and at other times at an interval of two or three months, and generally much in quantity; always attended with more or less pain. She continued in this way for two years, when she was seized with violent

lent throbbing pains above the left groin, and had no rest unless she took an opiate. A large quantity of ferous fetid matter began to be discharged from the vagina, which by degrees brought her very low. She had consulted several physicians, but found no relief; at length I was fent for to inform her physicians of the state of the uterus. Upon examining, I found all the back-part of the vagina filled up with a large hard substance, the os uteri more forward than common, with large, hard, and ragged lips: from which the doctor and I agreed that the uterus was fehirrous and cancerous. She now also had great pain above the left groin, which we supposed to proceed from the ovaria and ligaments being also affected. She made water with great difficulty, and never went to stool unless by the force of medicines. She had now no intermission of pain but by opium, which at last was increafed to thirty grains in twenty-four hours. For feveral months before death, the continued in this deplorable fituation. I was afterwards defired to open the body, and found a confiderable quantity of thin ichorous matter, of a very offensive smell, floating amongst the inteflines; the peritonæum, the external coat of the intestines, was eroded every where as far as the matter had infinuated, and the intestines were every where adhering. At first I was at a loss to know from whence this matter came. or indeed to distinguish one part from another: but upon careful inspection found that the right ovarium was scirrhous, one end of.

of which had formed into a large abfeefs and broke. The uterus was also scirrhous, and about the bigness of a goose-egg, and pressed fo close to the pubes that no part of the bladder could be seen: the infide of the uterus, when opened, was wholly ulcerated. I then looked for the left ovarium; but not finding it in fitu, and observing the uterus thrown clofer to the pubes than might be expected from its bigness, it came into my mind that it might have fallen down behind the uterus ; which accordingly was the cafe, the upper end of it lay upon the last vertebra of the loins. the bulk of it filling up all the concave part of the facrum. The length of this ovarium was five inches; in thickness four inches, entirely scirrhous. Although it was not attended to in the diffection, yet the great quantity of matter that was discharged from the vagina when the patient was alive, must have been from the imposthumated ovarium corroding and making its way through the parts, (Vide Case IV.) as that did into the rectum, which prevented an ascites in the abdomen.

Bonetus, in his Sepulchretum, Lib. III. Sect. 32. Observ. 6, 8, &c. gives several instances of farcomatous and glandular tumours, which were mistaken for the uterus, until the

contrary appeared upon diffection.

Saviard, Observ. XXXVI. mentions a woman, who imagined herfelf eleven months gone with child. The os internum being dilated to the bigness of a crown, they endeavoured to extract the extraneous body, but

unsuccessfully. Since her imagining herself with child, she had every month a very confiderable discharge of blood, which weakened her fo much that she died. On opening her body, there was found, adhering to the fundus uteri, a fleshy mass of the bigness of an ox's heart, covered with a membrane. which feemed a continuation of that of the uterus, to which it adhered by a longish neck smaller than the tumour. There was a confiderable cavity found in it that extended from its base to its point, into which the veins emptied themselves, and from whence the monthly hæmorrhage flowed. The fubstance of it was glandular and scirrhous, and its point gangrenous from the violence in the extraction.

Vide M. Levret's Observations sur la Cure radicale de plusieurs Polypes de la Matrice, &c.

Paris 1749.

In the Philosoph. Transact. N° 481. p. 285. is a letter from Peter Templeman, M. D. to William Beattie, M. D. Fellow of the Royal College of Physicians, London, and F. R. S. concerning a polypus at the heart, and a schirrous tumour in the uterus.

NUMB. II. CASE I.

Of the Scirrhus and Cancer in the Uterus and Vagina.

In the year 1722, I affifted in opening the body of a woman turned of seventy; who, for a long time before she died, had been very

very big in the abdomen, and subject to retchings and colic-pains: the first disorder was supposed to proceed from water contained in ciftules, and the other complaints from a distemperature in the spleen or kidneys.

The adipofe membrane and omentum were of an extraordinary thickness. The uterus was almost as big as a child's head, and feemed very folid to the touch; when laid open, we could not perceive the least appearance of a cavity, which, in all probability, was filled up by the increase and pressure of the glands. The gall-bladder contained about twenty stones of different fizes, while the ovaria were fmall and fhrunk.

CASE II.

Some time about the year 1724, an old female fervant belonging to a lady in the country died in a very emaciated condition, her belly having been increased to an enormous fize. The abdomen had begun to fwell foon after the catamenia ceased to flow; and as it increased to a considerable bulk, she was afflicted with a difficulty in breathing, in making water, and going to flool. These complaints increased in proportion to the augmentation of the belly, particularly the difficulty in breathing; which would not allow her to lie in bed except when supported by pillows; though she was casier when up, especially when fulpended by the arm-pits. A great number of deobstruent medicines were administered, as well as hydragogues; for the case

was supposed to be dropsical; but every thing proved ineffectual: and when she was opened, we were not a little surprised to find the fwelling proceeded entirely from the uterus : which, when taken out, weighed about twelve pounds. It was altogether folid, without any perceivable cavity, of a white colour, and firm glandular confiftence; and had preffed upon the intestines in such a manner, that about four inches of the ilium were mortified. The ovaria were likewise much emaciated.

III. CASE

WHEN I opened the abdomen of the woman mentioned No II. Case 1. Collect. VIII. I found the uterus nearly as large as that described in the first case of this number; but the furface, instead of being smooth, was rendered unequal by large indurations as hard as a cartilage: The ovaria were affected in the same manner, and several scirrhosities appeared upon the omentum. The cavity of the uterus was irregular in consequence of those indurated swellings, the interstices of which were deeply ulcerated; the os uteri was large, unequal, and studded with tumours as large as pigeon's eggs; and the vagina was full of little ulcers with callous lips.

sile ind C A S E TV.

I was lately called to a woman about the age of forty-five, who had never bore children, but, for ten years, had been irregular in the menstrual discharge, and always in great 242

great pains before its appearance; she had likewise been afflicted with the fluor albus in great quantity. I felt a large hard tumour filling up all the back-part of the vagina, to which it closely adhered by a large basis; and it was with difficulty I could feel the os uteri cast forwards towards the pubes, and studded with large indurated swellings; from which she had been for several months subject to excruciating pains, fo as to be obliged to receive a glyster every evening, with an opiate after its operation. She had likewife from time to time large evacuations of blood, as well as the other discharge in great quantity, often of a brownish colour and very fetid finellist days varianced free and to decide

I have known a great number of such cases, which commonly begin at the time when the menstrual discharge ceases, being occasioned by different accidents and irregularities; and generally prescribe venesection once a-month, and some gentle laxative once or twice a-week; by which means the userus, though scirrhous, is kept in a state of indolence, without inflammation, or degenerating into a confirmed cancer.

N. B. The above patient died fince the case was sent to the press.

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COLLECTION X.

Of Complaints proceeding from UTERINE GESTATION.

NUMB. I. CASE I.

Of Nausea, Vomitings, and Longings.

[Vide Vol. I. Book II. Chap. 1.]

TN the year 1746, I was called to a woman, who having been attacked in the fecond month of her first pregnancy with violent retchings and vomitings, was perfuaded by fome of her acquaintance to take a vomit, which they supposed would remove the complaint. She accordingly took twenty-five grains of ipecacuana; which operated upwards and downwards with fuch violence, as threw her into convulsions and floodings; and when I came to her affiftance, she was extremely low and faint. She immediately fwallowed fifteen drops of liquid laudanum in a tea-cup full of mint-water; and I prescribed the following mixture to be taken occasionally,

B. Tinet. Rosar. rub. 3vs. Laud. liquid. gutt. xv. Conf. Fracast. 3ij. M.

and between whiles a little burnt claret. The evacuations foon ceased, and she enjoyed to-lerable rest that night; but the discharge of blood

blood returned next morning, and pains coming on, the miscarried the following eventhe uniformed in the tourth month.

CASE II.

In about four months after this accident. the fame woman became pregnant; and being again attacked with fickness at her stomach and retchings, in the beginning of the second month. I was called to her relief. Finding the had exceeded the usual period of her catamenia about a week, I ordered eight ounces of blood to be taken from her arm; and she was immediately relieved. In four weeks after this evacuation, the retching began to return with more violence, the venæfection was repeated, and the complaint abated: she was twice afterwards blooded at the interval of four weeks with the fame fuccess, and happily went on to her full time: nevertheless, though these evacuations greatly diminished the complaint, it in a finall degree recurred every morning till the middle of the fifth month. s cost pours and louff wide

CASE III.

A woman, subject to nervous complaints, was, in the fecond month of her fecond pregnancy, attacked with violent retchings; for which she underwent gentle evacuations, and took draughts with the neutral falts to no purpose. The complaint, however, abated in consequence of her going into the country, and drinking affes milk for the space of fix weeks: and it

weeks: but when she returned to town, the vomiting recurred with greater violence, and she miscarried in the fourth month.

CASE IV.

In the year 1730, I was called to a woman who had been fuddenly feized with a violent colic, and frequent straining like that of a tenefmus. She being costive, I ordered a glyster, which operated feveral times; but the straining still continuing, I gave her twenty drops of liquid laudanum in a little whitewine whey. In the mean time her fifter, in putting her to bed, observed that she had undergone a large discharge of blood, and desired me to examine. I was not a little furprifed to find the head of a fœtus forced down into the vagina; however, I helped it along. and the placenta followed. This might be in the fifth month of pregnancy. I found her next day in a fair way of recovery; and was then informed that the had been privately married; and the preceding night, in order to conceal this step, had eaten heartily of a dish which was known to have been her favourite, notwithstanding a nausea, which threw her into those severe colic-pains and strainings that occasioned the miscarriage.

CASE V.

A woman who had bore children, been uncommonly healthy during pregnancy, and used to banter her female companions on account of their antipathies and longings, was herself,

herfelf, in the year 1753, when four months gone with child, one evening unaccountably feized with a longing for an artichoak when the heard them cried in the street; but as they at that time fold at an high price, she resolved to check her defire as a piece of foolish extravagance, and went to bed without having indulged her appetite. She could not fleep, however; but became reftless and anxious. felt a craving and uneafy fensation at her stomach, and could think of nothing but the pleafing and relishing dish of which she had baulked her own inclination. Towards morning the was attacked by violent spasmodic contractions in her bowels, and I was just called in time to receive the little fœtus: but there was no discharge from the uterus; so that I knew the placenta still adhered, and refolved to wait with patience until it should be disengaged and come away of itself, Being costive, she received a glyster; after the operation of which she swallowed the following draught, to be repeated every four hours, for three or four times.

B. Confect. Damocrat. Bij. Aq. Cinnamom. Simp. 3is. Spirit. Syr. Croci a 3ij. M.

By these means she obtained rest and a plentiful sweat; and next night there was a small discharge from the uterus, succeeded by after-pains, which discharged the secundines. Vide Lamotte, Observ. 43. and 44.

NUMBIL CASE I

Of obstructed URINE and Costiveness.

BEING called to a woman who, in her first child, had a total obstruction of urine about the end of the fourth month, I found her in great pain from a diffention of the bladder's for the suppression had continued full thirty hours; and immediately gave her cafe, by drawing off the urine with the catheter. For feveral days she had made water with some difficulty, and but a very little at a time; and when I examined, I felt the uterus lower down than usual. After having evacuated the bladder, I ordered her to be blooded, and a glyster to be administered, as she was costive. Next morning I found her in the fame condition as before, she having passed no urine fince the catheter was used. I again examined the state of the uterus, and felt it forced still lower down by the pressure of the overcharged bladder: indeed it was fo low, that I could feel the length of the neck and the stretching of the fundus, which seemed to fill up the whole pelvis. I likewise examined by the rectum; when finding it prefs strongly against the facrum as well as the pubes, and feeling it uncommonly hot, I concluded that its whole body was inflamed. When I preffed my finger against the os uteri, so as to raife it up, some of the urine was discharged; but this being in small quantity, I was fain to have recourse to the catheter; by which she

was again relieved of the pain above the pubes, though the still continued to complain of great pain lower down in the pelvis. She had a quick pulse, accompanied with other feverish fymptoms, for which blooding was repeated to the quantity of ten ounces; and as the glyffer had not operated according to expectation, I prescribed a folution of Mann. 3i. Sal. Glauber. 3ij. in ag. fontan. and directed that the glyster should be repeated in case this haustus should not begin to operate in two hours. Next day I was called again to evacuate the urine, and found that the draught had operated feveral times; but the pains in the vagina still continued, together with the fever, though not fo high as the preceding day. I then advised her to be cupped and bathed; by which means her complaints abated; yet I was obliged to draw off the urine once in twenty-four hours, for eleven days, before the could pass it in the natural way, and then she went on to her full time. She began to be troubled with this suppreffion about the fame time in her next pregnancy; but by blooding, and keeping her body open, it was prevented from being total. I have had two other patients troubled with the fame complaint about the fame period of gestation, which continued fourteen days; and was overcome by the fame method, namely, by repeated bloodings and glyfters; together with the affiftance of the catheter. Il have frequently known a difficulty in making Vol. II. Water Face sales on water

water happen at the end of the fourth, and vanish about the middle of the fifth month.

I was lately called to a woman in the fifth month, and felt the fundus uteri forced down backwards to the lower part of the vagina, the os uteri being forward and above the infide of the left groin. The neck and under part of the bladder were fo preffed, that the patient had not urined for feveral days; the vefica was stretched up to the scrobiculus cordis, and a fluctuation was felt as in an afcites. The male catheter was used, because the other was too short, and emptied a great quantity of urine; fo that the distention of the abdomen confiderably diminished.

Next day, after the fame operation, she miscarried; consequently the obstruction was removed: but being greatly emaciated by want of nourishment, she was in two or three days carried off by a diarrhœa.

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eer next meg. In the year 1746, being called to a woman who was feized with labour-pains, and a small degree of flooding in the third month, occafioned by a violent tenefmus, I ordered fix ounces of blood to be taken from her arm. and prescribed an anodyne draught, which relieved her for feveral hours; but the pains returning, the foon miscarried. The same accident had happened to her twice before, from the fame cause; for she was naturally very coflive.

stive. She no sooner suspected herself of being with child again than my advice was demanded; and she being of a sull habit, I prescribed venesection to eight ounces, and a laxative glyster to be injected immediately. Then I directed her to take about three drachms of the Elect. Lenitiv. every other night, to live chiefly on broths and boiled meats, with boiled roots and greens, and, as it was then summer, to eat ripe fruits. By this regimen her body was kept open, and she went on to the full time. Vide Lamotte, Observ. LL. et seq.

NUMB. III. CASE I.

Of Swellings of the Hamorrhoids, Legs, Thighs, and Pudenda.

In the year 1744, I visited a woman in the fourth month of her pregnancy, who was very much afflicted with costiveness and hæmorrhoidal complaints, to which she was naturally subject. At this time, however, they had increased to a great degree; and the pain was so severe, that she had enjoyed little or no rest for several nights. I prescribed venæsection to the quantity of ten ounces; and as she was averse to a glyster, ordered a bolus, consisting of

B. Flor. Sulph. Ji. Pulv. e Chel. Cancror. Simp. 36.
Elect. Lenitiv. 3i. Syr. Rof. Solut. q. f.

to be taken at bed-time, in some water-gruel made with fresh butter. If this should not operate plentifully next morning, I directed

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it to be reinforced with Sal. Glauber. 3ij. Mannæ 3i. diffolved in water. She accordingly took both prescriptions; in consequence of which she had three motions. The sphinster ani was fo fwelled, inflamed, and painful, that I thought it necessary to foment the parts with the steams of an emollient decoction, in in which fome fal. ammoniac was diffolved, with a mixture of spirit of wine and vinegar. Notwithstanding these applications, the pain, fwelling, and fever increased; and being afraid of using scarifications or leeches to a woman in her condition, without farther advice, I defired a physician might be called. He ordered a repetition of venælection and opening medicines; by which the fever was allayed: but as the hæmorrhoidal fwellings did not fublide, we ventured to apply leeches to the parts; about five ounces of blood were discharged, and the swelling immediately fubfiding, the proceeded happily to the full rime. In some add the was not smit. Tubled. Af this time. Equanor, they had a

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In the year 1744, I attended a woman, whose legs had begun to swell in the seventh month of pregnancy; and this swelling, which was of the seucophlegmatic or anasarcous kind, continued, without giving her much disturbance, till the middle of the ninth month; when being obliged to walk a considerable way upon some particular business, she, on her return to her own home, found her left leg and thigh excessively swelled and painful. Indeed,

Indeed, when I was called, I began to fear a mortification would enfue, for the fkin appeared of a livid hue. The woman being otherwife of a strong and healthy constitution, I immediately ordered twelve ounces of blood to be taken from her arm; and as fhe was colflive, prescribed a purgative glyster, which operated three times. Her leg and thigh were fomented with a decoction of the fame nature as that described in the preceding case; and as the pain continued, an emollient cataplasm was applied over all the parts affected. She enjoyed little rest that night; and finding her fever, pain, and restlessness remaining next morning, I ordered her to be blooded again to the quantity of ten ounces. I directed her to take draughts with the neutral falts. to drink plentifully of an emulsion with nitre, and continue the use of the fomentation and poultice. Next day the pain and tension were a little abated; but her pulse being fill quick, the was again blooded to the quantity of eight ounces, and the internal medicines, with the external applications, continued. By these means the inflammation was carried off in a few days; and in a little time she fell into labour, and was fafely delivered. I delive of all

CASE III.

In the year 1750, a woman of a lax habit of body, during her first pregnancy, ran into the extreme of being too abstemious, and drank nothing but water. In the fourth month her legs began to swell; and when I was called

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in the feventh, I found not only her legs and thighs ædematous, but also the labia pudendi so much swelled that she could not walk. This swelling, however, subsided, in consequence of a few punctures with the point of a lancet. I then prescribed repeated doses of the Confectio Cardiaca, and directed her to drink strong beer or wine instead of small beer or water. By these means she recovered a little from the languishing condition in which she was, though the swellings of the legs still continued; and when that of the labia returned, so as to prevent her taking a little exercise, it was reduced as before by the punctures.

In this manner she went on in her pregnancy to the end of the eighth month, when she was taken in labour; and though her weakness rendered the case tedious, she was fafely delivered of a very fmall child that lived fome weeks. She recovered tolerably well of her lying-in for the first twenty days, and the cedematous swellings subfided; but her conftitution baving been so much weakened and impaired, the whole furface of her body began to be puffed up with an anafarca. This case being without the sphere of practice to which I had confined myself, I defired that other advice might be used; notwithstanding which the disease still increased, and carried her off in about fix weeks after her delivery. Vide Lamotte, Observ. 45. 46. 47. but the execute of pulsation charges at

NUMB. IV. CASE I.

Of Pains in the BACK, BELLY, SIDES, together with VOMITINGS and Difficulty in BREATHING, towards the end of Pregnancy.

In the year 1744, I was called to a woman of a weak and lax habit of body, in the third month of her pregnancy, who was feized with violent pains in her back, and a discharge of blood from the uterus; but before I arrived the had miscarried. I then understood the had formerly fuffered a great deal from violent floodings in her fecond pregnancy, when at her full time, by which her health was weakened and impaired: fince that misfortune she had four times miscarried in the third month, notwithstanding her having been blooded by way of precaution; which indeed the imagined had haftened the miscarriage, by throwing her into fainting fits, accompanied with pains in the back, which were always the fore-runners of flooding. I advised her to go to Bath and drink the waters, in order to strengthen her constitution before her next pregnancy: and this expedient had the defired effect; for foon after her return the became pregnant, and went on to the full full habit ore relieved her

I have had feveral inflances of women of a lax habit who could not bear evacuations, but miscarried in consequence of them.

CASE II.

A woman of a strong and healthy consti-tution was attacked, in the fourth month of her second pregnancy, with a violent pain in her back, for which I ordered ten ounces of blood to be taken from her arm; and as she was constipated, a laxative glyster to be injected. By these means the violence of the complaint was abated; but next day her pulfe continuing quick and full, the venæsection was repeated to the quantity of eight ounces, and a strengthening plaster applied to the back. These precautions being taken, she proceeded tolerably well till the eighth month, when she was feized with firetching pains in the abdomen and fide. I again prescribed phlebotomy to the amount of eight ounces, and directed the parts affected to be frequently anointed with pomatum. By which means her complaints were relieved, and the went on to the full time, and only the state of

She had miscarried in the third month of her first pregnancy, neglecting the precaution of being blooded when she was seized with pains in her back, and other plethoric complaints. I have been consulted in many such cases; and always find, that women of a full habit are relieved by venæsection at any time of pregnancy.

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In the year 1747, a woman was, towards the end of the eighth month of pregnancy, attacked with vomitings and a difficulty inbreathing; which increased to such a degree, that she could not lie in bed, but was supported by pillows, in a posture between lying and fitting; nor could fhe retain either folids or fluids on her flomach. I was called about the middle of the ninth month, when I found the uterus stretching higher up than is usual in the abdomen. I was informed that fhe had nearly the same complaints, though not to fuch a degree, in two former pregnancies; that the feldom went abroad, took little or no exercise, but frequently lay on the bed, and that her drefs had been always loofe. In confequence of these hints and observations, I supposed that her complaints proceeded from the pressure of the uterus, and ordered fix ounces of blood to be taken from her arm. I likewise prescribed draughts with the neutral falts; but these being rejected by the stomach, I directed about half a pint of strong beef-broth to be injected by way of glyfter four or five times a-day, to fupply the want of nourishment by the mouth; and this fuccedaneum had the defired effect. Indeed I diffolved four grains of opium in the two first that were administered, in order to prevent their being discharged; but when the intestines were emptied, they remained withand reminister but in Rocket

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out the opium, and were taken up by the absorbent vessels.

By these glysters she was effectually nourished, and the dyspnæa relieved by frequently taking the air in a coach, till she arrived at the full time, when she was delivered of a small weakly child and a great quantity of water.

In her next pregnancy she laced tighter at first, slackening by degrees as she increased in bulk, and took a good deal of exercise; by which precautions her former complaints were prevented from returning.

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In the year 1746, I attended a patient in her first labour, who was of a leucophlegmatic habit, lived in an indolent manner, and had the same complaints that are described in the preceding case, though not to such a violent degree. I was not called until the was in labour; which proved very tedious from her weakness: and I advised her to take more exercise, if ever she should be pregnant again. About two years after this period, I was fummoned again; but she was delivered fome hours before I reached the place of her abode. Far from having followed my advice. I understood she had acted in diametrical opposition to it; dressed in a loose slovenly manner, without even walking in her room, but rather chose, towards the end of her pregnancy, to be always in bed, supported with pillows: the dyspnœa and retchings had begun begun sooner than in her first pregnancy, and she seemed to be in a very weak and danger-ous condition; for after delivery her complaints did not abate. I advised those who were present to send immediately for the physician of the family, and left her to his care; but the vis vitæ was so much exhausted that she died in two days. As for the child, it had been dead for several days before delivery. Vide Lamotte, Observ. 50.

COLLECTION XI.

Of Diseases that occur at other Times as well as in Uterine Gestation.

[Vide Book II. Ch. 2.]

NUMBI. CASE I.

Of STONES or GRAVEL in the KIDNEYS or BLAD-

In the year 1747, I was called to a woman in the seventh month of her second pregnancy, who had been several years subject to violent gravel-pains in the kidneys, from which divers small stones had passed into the bladder, and were discharged with the urine. When I arrived, she was in great torture from a stone, which she imagined had stopped in the right ureter; she was seized with violent vomitings and strainings, and her urine being high-coloured, I was afraid of a miscarriage.

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In this apprehension, I ordered ten ounces of blood to be taken from her arm, a glyster to be administered, and after its operation, preferibed ten grains of Pil. Matthai, by which means the violence of the pain was allayed, and in a little time the stone passed into the bladder. She was afterwards, from time to time, subject to pains from the passage of gravel, but not to such a violent degree; though it was much more severe, and returned more frequently during pregnancy, than at other times.

CASE II.

Communicated by Mr ARCHDEACON, Surgeon at St Neots, in a letter dated Sept. 19. 1747.

ONE Gibbs, the wife of a coal-porter in this place, had long complained of violent pain in the bladder, with other fymptoms of a stone; but met with little compassion, because suspected of idleness, rather than of having any real diforder. She afterwards proved with child, and endured great torment all the time of gestation, till she fell in labour. when the midwife being called, was furprifed to find a hard body prefenting before the head of the child. She did not know how to act upon this occasion; but the patient's circumstances not permitting her to employ a male practitioner, patience was the only remedy the had to support her through a long and painful labour. At last the midwife felt fomething come away, and, upon examinarion, tion, found it was a stone of the shape and size of a goose's gizzard, weighing five or six ounces, which she afterwards gave to Dr Waller of Cambridge. The child followed immediately after it was discharged, and proved to be a boy, who is now a blacksmith in London, about twenty-eight or thirty years of age. The woman recovered very well, but was troubled with an involuntary emission of urine; she afterwards bore a daughter, and lived several years, until she was shot by accident at a gentleman's house in this town.

In Phil. Trans. No 202. p. 817. there is a paper by Dr Thomas Molineux, giving three cases of young girls of six, ten, and eleven years of age, from whom stones were extracted by dilating the urethra without cutting, although in the last the stone was of a large size. And another paper, in p. 818. of a woman who voided a stone that weighed above two ounces and a quarter. A stone about the same magnitude was voided by another woman of sixtythree years of age, as attested by Dr Richard Beard, No 178. Vol. V.

There is also a paper from Dr Beale, No 18. p. 320. describing a stone taken out of the womb of a woman by incision, that weighed near four ounces.

CASE III.

Bonerus, in his Sepulchretum, Book III. Sect. 38. Obf. 1. relates a case of a woman who was for many years afflicted with a most violent pain in the left kidney, and though fourteen fourteen times with child, was always delivered before her full time, in the eighth or beginning of the ninth month. When she died, he opened her, and found the left kidney quite wasted; the right kidney was very much fwelled, and contained a very large stone.

The thirteenth case, was that of a woman who was for many years subject to convulsive diforders of the hysteric kind, which were more violent when she was with child; and she commonly miscarried at the end of the third month, and at last died of an apoplexy. When the was opened, contrary to his expectation, the womb appeared to be perfectly found, and he could find nothing about those parts that could occasion the diforder; but, in opening the head, he found a large quantity of water lodged in the cavities of the brain, which he alleges was the occasion of those spalmodic pains and disorders, and of the abortions that followed. I adame to the contract of the

He has feveral other cases of abortions, occasioned by several other causes. Vide Collect XII. of this book.

There is along paper from the Frede, No and NUMB. II. CASE L.

beign of Hernias.

In the year 1746, I was belooke to attend a patient in labour, who from her infancy. had been attended with a fmall hernia in her left groin; which, however, disappeared in the fifth month of her pregnancy. As it still continued up when labour came on, I directed 21423244

an affiltant to press her fingers on the part during every pain, to prevent it from being overstrained; and she was safely delivered. I expected the hernia would return as foon as fhe should be recovered and walk about, because this was the case of another woman nearly in the fame fituation, though the hernia was larger and on the left fide. I was, however. agreeably disappointed; for it has not yet reappeared, though I have delivered her twice fince that period it as daidy noon proodel CASE II.

I DELIVERED a woman in the year 1727, who had been afflicted with a rupture in the left groin, during the whole time of uterine gestation. Though she could reduce the hernia, it was forced down by every pain, and gave her great uneafiness. The labour being pretty far advanced when I arrived, I took the opportunity of reducing the hernia upon the ceffation of the pain, pressing my fingers upon the part, and directing her to lie on her left fide, with her thigh close up to the abdomen, a position which favoured its keeping up, and prevented the anguish which retarded the labour. She was accordingly fafely delivered; and when the recovered of her lying-in, I recommended a truss, by which the disorder was palliated. har ball official and only good

CASE III.

FATTENDED a patient, who, after a former labour, was afflicted with an exomphalos, which.

D24 CASES IN MIDWIFERY.

which disappeared in the eighth month of uterine gestation, but returned after delivery.

describe C A S E IV. besiminavo

In the year 1731, I was called to a woman who had felt a fwelling gradually increase at the left fide of the anus; and this tumour difappeared when the was in bed, but always returned in the day while she was a foot. This hernia continued down all the time of her first labour; upon which an inflammation and strangulation of the intestine ensued, so that it could not be reduced as ufual. But as she had a large discharge of blood after delivery. and the parts were fomented with discutient fomentations, reinforced with warm and emollient cataplasms, the stricture was overcome. and the hernia reduced. In her next labour. the intestine was forced down by the pains. which had also pushed down the membranes with the waters, and confiderably opened the os internum. The hernia, however, was reduced by opening the os externum, introducing my hand into the vagina, and pushing the intestine above the os facrum. By this operation the membranes were broke, the was ters discharged, and the head being forced down into the pelvis, kept up the intestine: then she was fafely delivered, without undergoing the same risk she had run before.

CASE V.

In the year 1746, I had occasion to examine an hernia of the same kind in a woman who, who, about two years before I faw her, and a month after the was delivered of her first child, had felt a fwelling on the left fide of the perinaum and anus, which the imputed to the violence used by the midwife in delivering her. The swelling increased confiderably, hanging down in the day, though while the was in bed fhe could gradually thrust it up into the pelvis between the vagina and rectum, by introducing two fingers into the vagina, and pushing it up until she found it returned into the abdomen; but when the arole it always relapfed. About three quarters of a year after this tumour first appeared, the conceived, and was feized with a violent cough, which forced down the intestine in fuch a manner as to increase the swelling to the fize of a man's fift. As the augmented in bulk, fhe found greater difficulty in reducing the hernia, though the reduction became more necessary, from the pain occasioned by the pressure of the uterus, infomuch that she was frequently obliged to lie down on purpose to effect it. About five weeks before the fell in labour, the tumour increased to such a degree that she could not reduce it at all; and thus the continued for feveral days in great pain: As the had been an out-patient of St George's hospital, Dr Ross sent her husband with a mellage to me, defiring that I would fend one of my pupils to her affillance. It was late when I received this intimation; and the place of her abode being at a distance, I defired Mr Tomkins to vifit her; but she would not allow him

him to examine the tumour. Next morning I accompanied him to the place, and found her in great agony: the part was livid, and all round the edge of the swelling of a fiery red colour. She lay on her fide; and when turned upon her back, for the convenience of examining the tumour, it broke in the middle, where the skin was thin, and where there was a fmall fluctuation underneath. From the opening, which was fmall, iffued about a spoonful of pus mixed with blood, and immediately after this discharge, a thin fluid of a greyish colour, to the quantity of half a pint. This rupture no fooner happened; than the patient exclaimed that the intestine was gone up, and that she was perfectly free from the pain, which the moment before had been fo violent. We were very much alarmed at what had happened, because this fluid, which still continued to flow in a fmall quantity, appeared to be the contents of the ileon, part of which, we concluded, must be mortified. She being costive, the colon was emptied by a glyfter, a pledget applied to the aperture, and the was ordered to take no other fustenance but foup made of lean mutton or beef. She recovered, contrary to our expectation, went on to the full time, was delivered to Mr Tomkins, and fome months after her delivery called upon me, when I found the hernia had kept up, and the part appeared firm, though a little ichor continued to ooze from the small orifice: fo that I imagined the inflamed intestine had adhered to the neighbouring viscera, after

after the mortified floughs had been cast off. She was frequently troubled with violent pains and great weakness in that side of the belly, as if the gut was become narrow and contracted, fo as to hinder the easy passage of the ingelta. In about five months after this cure. the rupture re-appeared, in confequence of her overstraining at a wash-tub; and she being again pregnant, it was several times reduced by one of my pupils, by whom the was likewife fafely delivered.

She afterwards fickened of the fmall-pox, and immediately affect that very many contribution

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Communicated in a letter from Mr STUBBS of Bedfordfbire, dated Feb. 2. 1752.

He was called to a woman near forty years of age, in labour of her first child, and understood a midwife had been in waiting ten hours, and that the membranes were broke. The vagina and pelvis were filled up by a tumour, which at first touch he mistook for the head or nates of the child, for he had scarce room to introduce one or two fingers betwixt it and the pubes; but opening the os externum, and pushing up this tumour, he felt the os uteri largely dilated, and the child's head

He withdrew his hand, which was very much cramped and preffed; and having refted a little, and confidered the nature of the tumour, which probably proceeded from the 57775

intestines

intestines pushed down at the back-part of the vagina, he again infinuated his hand, and pressing strongly upon the tumour, it was reduced, and the head immediately defeended into the pelvis: then it was delivered by the forceps, because the woman was weak; and both mother and child did well.

one broken at a wallerall said the bride NUMB HI. CASE I.

Of an Ascites during PREGNANCY.

In the year 1747, I was called to a woman immediately after her delivery, who, from the bigness that remained, imagined there was another child in the uterus. Upon examining in the vagina, I could find nothing to justify this notion; but in the abdomen, which was very large, I plainly felt a fluctuation of water. This increased considerably after she recovered of her lying-in; when I advised her to confult her physician and furgeon, who, in order to relief her of the anguish proceeding from the diffention of the parts, tapped her feveral times before the died. to their war which

CASE II.

IT will be unnecessary to describe particular cases of the anasarca. I shall therefore. once for all, observe, that I have been called to feveral patients of a weak and lax habit. and found the cellular membranes fwelled over the whole furface of the body. By the method prescribed in Collect X. No 2. Case 3. all of them were relieved and strengthened before acoulficting.

fore delivery, except one woman, who, after delivery, was, from excessive weakness, carried off by an universal anafarca. Vide Mauriceau. Observ. 81. and Medical Esfays of Edinburgh, Vol. V. page 642. granded and add

An account of an Hydrops Ovarii, by De J. Douglas, No 308. p. 2317. of the Philof. Trans. A woman, not long after she had lainin of her first child, received a violent blow upon the left fide of her belly; the pain abated in two or three days, but returned in two months, when the observed that fide gradually turn bigger than the other, and the pains increased; but in three months after she was first afflicted with them they went off, when fhe turned pregnant, and had no other fymptom than what is common in that state, only the was much bigger than ordinary; after delivery, the swelling abated but little. In about a year after, she again conceived, went on to her full time, was delivered of a live child. but was fo weak that fhe died on the third day. On the Doctor's opening the abdomen, there issued out a vast quantity of slimy viscid water, in colour and confiftence very much refembling a brown, thick, and ropy fyrup, to above fixteen or feventeen gallons, which he imagined was contained in a duplicature of the peritonæum, as the intestines did not appear; but after examining more narrowly, he found that the thick membrane, including the waters, could be separated from the viscera and peritonæum. This bag reached from the pubes to the midriff; and from the left region

of the loins to the right, and filled up the whole cavity of the abdomen, distending her belly so far, that a plate could easily lie on it when she was alive. After he had freed it from all the neighbouring parts, he found it adhered inseparably to the lest Fallopian tube; and that it was nothing but the membrane of the ovarium thickened and distended by the collection of the abovementioned humour. All the other viscera in the abdomen were sound, and in their natural state.

There are several other papers of such cases in Phil. Trans. viz. No. 140. p. 1000. In a woman opened by Dr Henry Sampson, the left ovarium was increased to such a bigness, that it and the sluid contained weighed with the uterus, that was but light, 137 pounds. Vide No. 348. p. 452. by Dr Hollings. And another, in No. 381. p. 8. of a dropsy in the left ovarium, of a woman of sifty-eight years of age, cured by a large incision made in the side of the abdomen, by Dr Robert Houstoun; who relates the following particulars.

A woman near Glasgow, in her last lyingin, at forty-five years of age, suffered much from her midwife's separating and pulling away the placenta with too great violence, and was so sensibly affected with a pain which then seized her lest side, between the navel and the groin, that ever after she had scarce been free from it, but had it more or less for thirteen years together. That part of the abdomen increased, and gradually stretched to a great bulk, and at last drew to a point, when the

Doctor

Doctor made by degrees a large opening, from which was first discharged a gelatinous substance, and then about nine quarts of such matter as is observed in steatomatous and atheromatous tumours, with feveral hydatides of various fizes, containing a yellowish ferum, and feveral pieces of membranes, which feemed to be parts of the distended ovarium. After this, he stitched up the wound with three flitches, and by a careful management the woman recovered, and lived feveral years. The Doctor fays, it plainly appeared, that the pain arifing from the delivery of the placenta, and its continuing, was the occasion of an inflammation of that part of the uterus and neighbouring parts; and feveral writers corroborate this opinion, as Cyprianus, Forrestus, Ruysch, &c. Others have given remarkable cases of dropsies of the ovarium: particularly one is described by Drelincourt, which seemed to be nothing but a number of little globules clustered together; some containing water, exceedingly clear and limpid; others, a yellow thin ferum; and others again a glutinous matter: fome were as big as pullets eggs; others bigger than a man's fift. The body of the ovarium, with its contents, weighed fixty pounds. These few, out of many instances from authors of undoubted reputation, he alleges, fuffice to prove, that the ovaria, as well as the tubæ Fallopianæ, ligaments, and uterus itself, are not free from dropsies, &c. and that they are owing to obstructions, often occasioned by rude and violent dealing with women

men in hard labours. In Nº 423. p. 729. is a fimilar case from Mr John Belcher; and in Nº 466. p. 222. another from Dr Short. -sing has modernously by L visido if ac notice;

NUMBIV. CASE I. of the Lues Venerea. and feveral pieces of membranes, which feetn-

In the year 1741, one of the poor women attended by my pupils, being near the full time, had a bubo in the groin, and her throat began to be affected with a venereal inflammation. Poultices were applied, in order to bring the tumour to suppuration; and fmall doses of calomel were given internally, to restrain the infection, until she should be delivered. These methods seemed to succeed: the was fafely delivered of a male child, which at first had no appearance of infection; but, in about eight days, the scrotum and penis began to fwell, inflame, and break out in little ulcers; the whole body was foon covered with venereal blotches; and it was attacked by a cough, which destroyed it in three weeks after it was born. As for the mother, the bubo was brought to fuppuration, and the matter discharged; and I designed to have fent her to an hospital for the cure of the lues, as soon as the should be in a condition to be removed: but the ulcers in her throat grew worse and worse: in about a fortnight after delivery, her lungs were affected, a confumption enfued, and death was the confequence.

It is observed, in general, by the gentlemen who have frequent opportunities of falidisencer.

vating

vating pregnant women in the hospital, that it is performed fafer in the first fix or feven months of pregnancy, than in the last-two or three months, because they are then in danger of being delivered at the height of the falivation. But that they are less subject to miscarry in the fifth or fixth months, than in the first four months; that women ought not to undergo a falivation, unless the disease is like to prove destructive by phagedænic ulcers in the throat, &c. for if the difease can be palliated till the patient is recovered of her lyingin, if she suckles the child, and is then falivated, both she and the child will be cured with greater fafety. That women of a full habit should be blooded, live abstemiously. and take opening medicines, before they are anointed with the mercurial ointment: also, if the menses are expected, we ought to wait till the evacuation is over, either in those that are pregnant, or in those that have them during pregnancy.

The following observations are from Mauriceau, with regard to the treatment of pregnant women affected with the venereal disease.

In Observ. XXIII. p. 20. he gives an account of his being called to see a young woman, aged twenty-two, in her seventh month of pregnancy, who was then under a falivation for the lues venerea, and who spit near three Vol. II.

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quarts a-day; and yet was happily delivered at

the full time of a healthy child.

In Observ. LXXI. p. 60. he mentions his having seen such a case as the former; only the patient was gone with child but two months and a half, and a moderate salivation was carried on for a month: the use of the warm bath was sorbid; and the woman was at last safely delivered of a healthy child.

In Observ. C. p. 83. a like case with the former is mentioned, with a remark, that in all cases where a pregnant woman is insected with a lues venerea, it is safest and properest to salivate them in the earlier months of pregnancy, when the evacuation will less affect the sætus.

N. B. Two other cases are mentioned; but in one of them the patient had only a gonor-rhea, which, though not cured, did not affect the child; and in the other case the patient was only suspected of being poxed.

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COLLECTION XIL

Of MISCARRIAGES, or Delivery before the full Time. Vide Vol. 1. Book II. Ch. 3.

NUMBI. CASE I.

Of what may occasion the Death of the FORTUS in UTERO.

IN the year 1746, I was fent for to a woman near the full time of her first pregnancy, who imagined she was in labour ; but I found the os uteri close shut; and upon inquiring more minutely into the nature of her complaints, I thought they proceeded rather from the colic than from any tendency to labour; and she told me she had not felt the child ftir for eight or ten days. I ordered her to be blooded, and the intestines emptied by a glyster; and these evacuations, together with an opiate, carried off the pains. In five or fix days I was called again, and found the os uteri largely open, the pains strong and frequent; and though the case was tedious, she was fafely delivered.

The whole body of the child, together with the funis, was livid; and this last, which was ten handbreadths long, had a knot in the middle tight drawn, that part which had passed through the noose being small, and the rest very much swelled. The child seemed to

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have

have been dead about fourteen days; and the death, doubtless, proceeded from the knot's being drawn so tight as to obstruct the circulation.

I was concerned in another case, where there was a knot upon a long funis, yet not so close drawn but that the child was alive.

CASE II.

I ONCE delivered a woman of a dead child, round whose neck the funis had formed a kind of noose or knot; yet its death seemed rather to proceed from a hurt in the delivery; for the arm presented, and the child being brought footling, I found more difficulty than usual in delivering the head.

CASE III.

In the year 1747, I was called to a woman in labour, and felt the os uteri backwards towards the facrum, and a little open, though I could feel no waters. The head prefsed down the uterus before it to the lower part of the pubes; and I felt something unequal, like a long flat substance, between the uterus and globular part of the head. This, upon delivery, appeared to be about two inches of the funis pressed flat and mortisied; and the child seemed to have been dead for some days.

C A S E IV.

ANOTHER child, which presented with the arm, I delivered footling, and found the funis wound

wound three times round the neck, which, at the abdomen, was drawn very small, and flattened. This, no doubt, was fatal to the child, who had been dead many days.

CASE V.

In the year 1749, I delivered a woman, who, about fourteen days before, had been excessively frightened at the second shock of the earthquake which happened in London. In the instant of her terror, she felt the child bound surprisingly in her womb, a tremulous motion ensued, and after that minute she never felt it stir. She was taken with a vomiting and purging in the eighth month, which brought on the labour-pains, and delivered her of the child, which was entirely mortified. The cuticula was easily stript off, the abdomenswelled, and the scalp and bones were loose and pappy.

I have attended in many cases where much the same symptoms occurred in the three or sour last months of pregnancy; and the child was generally dead, though sometimes it chanced to be alive. Women often miscarry about the sourteenth or sisteenth day, after accidents, severs, excessive satigue, &c. and labour is commonly brought on by superpurgation, sickness, and retching; and sometimes by the breaking of the membranes. I have likewise known many women miscarry, though nothing extraordinary had happened, and no cause could be assigned for the death.

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CASE VI.

In the year 1743, a woman five months gone with child, was feized with violent pains at her navel and stomach, together with a continual vomiting. She had conceived in March, and in August was taken with a pain in her back, from a strain in lifting a heavy pot. About a month after this accident, when her other complaints began, she perceived a fluid, of a brownish colour and mortified fmell, continually draining from the vagina, and at different times, feveral bones of the fingers and toes of a child came away. Anodyne draughts, epithems, and opening glyfters were administered, to ease the pain and restrain the vomiting : but all to little purpose. She became gradually emaciated, being worn out with pain, want of rest, and nourishment; for her stomach would retain neither folids nor fluids. To remedy this defect, recourse was had to broth-glysters, which were injected three or four times a-day, and contributed effectually to the support of her strength and constitution. When the small bones began to be evacuated, and her fymptoms were at the worst, a male catheter had been introduced within the os uteri, but could not pass above an inch beyond that part; and nothing but a foft fubstance could be felt. An attempt was alfo unfuccessfully made to dilate with long narrow-mouthed forceps; and injections were thrown up by a long flender pipe made for the purpose, which, however, reached but a very

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very little way within the neck of the womb. At length, the anodyne medicines took effect, and the nourishing glysters succeeded to our wish. The fost parts of the child continued to dissolve and come away in form of a cadaverous ichor till the month of December. when this evacuation ceased. However, she had several slight relapses till the May following, when she voided by the anus several bones of the skull and other large bones of the body, the cartilages and spongy ends of which were diffolved, though they appeared to have belonged to a feetus five months old. During this whole time, the lips of the os tineæ were smooth, and the neck of the uterus was long, nor had she the least flooding, until three months after, that the menstrual difcharge returned. This was her first pregnancy, fince which she has not conceived; and what is very remarkable in the case, she never had pains about the uterus, but only at the navel and scrobiculus cordis; and these were doubtless owing to the bones working their way through the womb and rectum.

C A S E VII.

About the same time, another woman, who had formerly bore a child, and was in the fifth month of her second pregnancy, was taken with a flooding, which continued fifteen days, at the end of which a mortified ichor flowed in large quantity for the space of three weeks, though no bones were evacuated. Some time after this disorder, she recovered

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her

strength, had a regular discharge of the menfes, conceived again, went on to the full time, and was safely delivered. As in the former case, part of the bones was dissolved, it is probable that in this there was a total dissolution.

There are two cases much alike in the Phil. Trans. the first in N° 229. p. 580. by Mr James Brodie, of a negro-woman, about the seventh month of her being with child, whose navel imposthumated and broke of itself; and after it had voided some quantity of ichorous matter, whereby she had some ease, the discharge ceased. In about a month after, it imposthumated again to a much greater degree than before; a surgeon opened it with a large lancet, and after discharging a great quantity of thin ichor, extracted the bones of the sectus. The woman recovered, and had a child afterward.

The other is in N° 461. p. 814. by Dean Copping, of a woman who went with child for feven years, till she became again pregnant, and proceeded to the ninth month; about which time there was a tumour about the bigness of a goose-egg, an inch and a half above the umbilicus, which broke of itself, and from a small orifice discharged a serous sluid. She had a midwife and three or four physicians, who gave her over: she therefore fent for a butcher; when he came, an elbow of the child presented to view at the opening of the tumour; and, at the request of the woman and friends, to relieve her, he made a large open-

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ing both above and below the navel, which enabled him to fix his fingers below the jaw of the fœtus, which he eafily extracted. He afterwards observing a black substance, introduced his hand into the opening, and extracted piece-meal the bones of another fœtus, and feveral pieces of black mortified flesh. She recovered, and was able to purfue her domestic affairs, only she had an exomphalos. ever after.

Nº 275. p. 1000. is an account of the greatest part of the fœtus voided by the nave!, feveral weeks after a midwife had delivered the fecundines, which she took for a mola on her finding no child, by Mr C. Birbeck. And in N 302. p. 2077. Sir Ph. Shipton communicates a case in which part of the bones of a fœtus were voided through an imposthume of the groin.

In Phil. Trans. No 243. p. 292. we read of a woman who was delivered of a child, and continued indifferently well for two or three days after; then new pains came upon herand for three weeks together, there came from. her daily some quantity of corruption, with pieces of flesh and skin; and she continued: dangerously ill for about eight weeks, at the end of which time she was relieved.

After two years, she began to breed again. had three children in three years following; all which were drawn from her by violence. During her lying-in with the last of these three children, some bones of a fœtus came from her; after this, divers other bones came away

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with

with her catamenia, and several, amongst which were fundry parts of the skull, and some of the larger bones of the body of a sœtus, worked their way by degrees through the slesh above the os pubis. The woman was alive several

years after.

Dr Ch. Morely, in Phil. Trans. No 227p. 486. describes the case of a woman, who after having had children, being again pregnant, was invaded with the expected labourpains, which in a few days went off; but the tumour in the abdomen remained. She returned to her usual employ, continuing for more than a year without being freed from her burden. At last a bone was discharged, not through the uterine passage, but by the anus; and, after some interval of time, many other bones were in like manner evacuated; for fo long as the woman had exceeded her due time of gestation, so long was she in discharging the bones by stool; which were all kept in a box, in which they appeared fo numerous, and with fo many diffinct skulls, as might induce every one to believe that three feetuses had lain so long buried in the uterus. The woman did well; but two years after, riding to some distance, the wound was broken open again by the violent shaking of the horse, of which rupture she expired.

Mr Bernard Shiever, in Phil. Trans. No 385. p. 172. writes of a woman of forty-one years of age, who conceived in July 1720; and having gone seven months with child, the sometimes she had her menses in a small quantity,

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the perceived her belly leffen, with only a kind of preffure remaining in her right fide; a month after, the conceived again; and in December 1721 was delivered of a dead female child, of a proper fize: from that time she kept her bed till June 1724! In May, happening to go to stool, she felt a pain in the anus, as if the rectum would drop from her; and endeavouring with her fingers to relieve herfelf, the extracted a piece of the cranium as big as a Swedish crown, and at the same time two ribs were found in the close-stool; and fourteen days after the relt of the bones were voided the fame way, of an excrementitious colour, The woman did afterwards very well, and was the mother of three children; she also had her menfes naturally.

In the Phil. Trans. No 477. p. 529. is a letter from Mr James Simon to the prefident, concerning the bones of a fœtus voided per anumies has have been warter and notice avades

A curious and worthy clergyman of the county of Armagh, fent me some time ago a parcel of bones, with the following account of

them : viz.

Rofe, the wife of Mortaugh Mac Cornwall, of the parish of Tullylish, barony of Clare, in the year 1741, about the latter end of May or the beginning of June, being in the 27th year of her age, and mother of feveral children, conceived as ufual; but in two or three days after, felt an excessive unnatural kind of pain in the matrix; which continued with frequent faintings, a depraved ap-G 6 petite 200.

petite, and an exceeding great weakness, till her child quickened; after which she proceeded reasonably well in her pregnancy to the end of nine months; and then her child was alive, and every thing right, as the midwife thought. She fell in labour, which lasted, with proper child-bearing pains, for twentyfour hours, but could not be delivered; and her labour leaving her, the child was no more observed to stir. In a month after, her labour returned, and with many regular throes continued twenty-four hours more; but to no purpole, fave the discharging of some quantities of black corrupted clots of blood; of which kind also she threw up much by vomit: then her labour left her entirely; and foon after; the felt the decaying of the flesh of her infant, and the discharge thereof both at the matrix and anus, with so putrid and deadly a smell as was extremely naufeous both to herfelf and others about her. Thus she lived for upwards of twelve months; and at that period her pains increasing to excess, she began the discharges of the bones, which, to the number of eighty and upwards, she voided wholly by stool; fourteen the first day, and two, three, or four, at a time afterwards, for the space of twelve months, or more; with most intolerable pains at the voiding of each bone, especially a broad piece of the skull: so that from her conception to the day of her death, which was the fourth of April last, makes up near four years; during most of which time never was a more calamitous creature: for three years, fcarce a day day without fuffering most exquisite torture. being also attended with frequent faintings, a continual want of appetite, and an almost perpetual loofeness, infomuch that it was miraculous how she lived, not eating in all that long fpace fo much as would have fustained a fucking child; even the very liquids at length not lying a moment on her stomach; by which means the became quite emaciated, and difmal to look at, not being able to move from one posture to another, or to be moved without fainting at every the least touch or motion. The truth of all which I attest to you, as I received it partly from the poor woman herfelf, and partly from my wife, who vifited her frequently during her illness.

In the same Transactions, Nº 485. p. 121. we find a letter from Mr Francis Drake furgeon, F. R. S. to Martin Foulkes, Efq; conconcerning the bones of a fœtus discharged through an ulcer near the navel.

Yorke, June 22. 1747.

Having a call from hence into Lincolnshire lately to fee a patient, the apothecary who attended him informed me, amongst other things, of an extraordinary case which had bappened in that neighbourhood a very few years ago. I have fince been informed, on inquiry, that it has not as yet been represented to the Royal Society; and therefore I hope you will do me the honour to lay this account of the case before them.

lane.

146 CASES IN MIDWIFERY.

Iane, the wife of James Burman labourer at Scawby, near Brig in Lincolnshire, was about twenty-nine years of age when the married. About two years after, when she had had a child at full time, the conceived again, and went regularly on for four months. She then got a fall; and about three weeks after felt a load in her belly, which continued on the right fide of the fame for between two and three years. The woman then grew very big of another child; which preffed fo much upon the lump as to give her great uneafiness. However, she went on to her time with her double burden; and three years and a quarter after the accidental fall she was delivered of a live child at full growth: from which time she grew worse and worse, with violent pain about the navel, and an inflamed tumour appeared near the part. Upon application to a neighbouring furgeon fomentations were used: which produced a suppuration at a small breach near the navel. The furgeon did not know what to make of this fwelling, and therefore did not venture to enlarge the orifice; but it continued discharging a fetid purulent matter for three or four months longer. About a year or more after her last delivery, the woman was fuddenly feized in the night-time, and a hardish mass of slesh, feemingly about eight inches long, was difcharged through the old opening in her belly. The lump was rather thicker than an ordinary man's wrift; and being opened, contained all the bones of a fœtus of about four months growth.

growth. At this time the woman was much emaciated, occasioned by the large discharge: of pus from the wound; and what was much more extraordinary, whatever she eat or drank came half-digested through the opening; white bread, or better diet, came through in that manner; but coarse rve-bread, or such like, were not digefted at all; for which reafon the poor woman must inevitably have perifhed, had she not been supported by a charitable gentleman's family in the village with diet fit for her miserable circumstances.

She continued to discharge her excrement in this manner for fix months, and then that fymptom left her; after which the ulcer was kept open other fix months, when it dried up of itself naturally, with a very firm but small cicatrix. I had the curiofity to fee this woman; and Mr Charlesworth, surgeon and apothecary at Brig, fent for her. She appeared hale, strong, and in full health. I had the above account of her case from her own mouth, attested by the surgeon who at-tended her. I saw the bones of the sœtus in Mr Charlesworth's possession, perfectly white, and, I believe, not one wanting. The woman further told me, that nine months after the wound was healed, she was delivered of another live child at full time, but with great difficulty. The whole time that the bones of the fœtus may be supposed to have lain in the woman's belly, was about four years and a half. Thus, Sir, I have drawn up the account as well as I can, but very inaccurately.

148 CASES IN MIDWIFERY.

I have purposely omitted terms of art, in order to make myself better understood by those who are not surgeons or anatomists. There are several particulars in the account which I cannot reconcile to any natural laws that I am acquainted with. However, as the truth of the whole is incontestible, it shows most evidently what wonderful things nature can do with proper assistance.

In N° 486. p. 131. is related a case and cure of a woman from whom a fœtus was extracted that had been lodged in one of the Fallopian tubes, sent from Riga by Dr James Mounsey.

NUMB. II.

Of Miscarriages proceeding from the Separation of the PLACENTA, and a Distention of the COLLUM. and OS UTERI:

CASEL

In the year 1751, a woman, in the second month of her second pregnancy, starting out of bed in surprise, selt something as it were give way; and instantly miscarried, with a large hæmorrhagy that soon ceased.

C A S E H.

In the year 1750, I was, about nine o'clock at night, called to a woman three months gone with child, whom I had formerly delivered. In the morning she had been seized with

with a flooding in confequence of a fall down stairs; upon which she was put to bed, blooded, and took some tincture of roses with Syr. e Meconio, and the discharge abated a little; but returning with greater violence in the evening, a gentleman of the profession who lodged in the house prescribed another venæsection, together with styptic medicines, fuch as the Tinct. Antiphthisic. Alum and Sang, Dracon. When I arrived, she was exhaulted, faint, and pale, the os uteri being close, though she had the appearance of slight pains, that recurred at long intervals. As the danger feemed pressing, and all the common methods had been tried without fuccess, I took the hint from Hoffman, and stuffed the vagina tight with fine tow dipped in oxycrate, which immediately stopped the discharge: I then prescribed an anodyne draught, with five drops of the Tinet. Thebaic. and two drachms of the Syr. de Meconio, and directed her to drink frequently of chicken-broth. She dozed a little; and between her dozings had every now and then flight pains, though the flooding did not return. Towards morning, the pains grew fo strong, that the tow was forced through the os externum, together with the abortion, about the fize of a goofe-egg, and fome coagulated blood. I have fince fuccessfully used the same method in feveral cases where the flooding was violent. Indeed the strong pressure in the vagina feems to dam up the internal flooding, which

which, by distending the uterus, brings on labour-pains.

CASE III.

On the 8th of July 1744, in the evening, a woman, ten weeks gone with child, was taken with flight pains and a flooding. The os uteri would hardly admit the tip of the fore-finger; nor did the opening increase, though the discharge grew more violent at every pain. The patient being exhaufted by the great loss of blood, was directed to take Pill. Matth. gr. x. in confequence of which the pains and flooding abated. Towards morning the enjoyed some rest, and fell into a breathing sweat; and next day was much easier, her pulse being raised, and the discharge having acquired a pale colour. On the 10th it was no longer of a red hue; and next day, while she sat on the pot making water, the fecundines flipped away without pain, the membranes having been broke, and the embryo almost quite dissolved.

She had twice before miscarried in the third month; and in six months after the last of the two miscarriages conceived again. As the former abortions had probably been owing to a costive constitution and hard straining at stool, she was blooded six weeks after conception; and the same evacuation, to the quantity of six or eight ounces, twice repeated, at the interval of a month. At the same time, she was directed to take frequently at night, Elect. Lenitiv. 3ij. or two spoonfuls of

the

the Ol. Amygdal. d. mixed with an equal quantity of the Syr. Violarum, fo as to procure an easy passage every day. By these means the held out to the end of the feventh month. when the was delivered of a child, which is still alive. In the fifth week of her next pregnancy, the was blooded to the quantity of eight ounces; but neglecting to undergo the same evacuation at the period of another month, and being exposed to some severe exercise, she was taken with a pain in her back; of which the was relieved next morning, by lofing eight ounces of blood from the arm. However, she happened to overstrain herself again; and the pain returned with a flooding, which occafioned a miscarriage in the fourth month.

CASE IV.

In April 1749, I was called to a gentlewoman who had been feveral years in a bad state of health, occasioned by frequent collections of matter fomewhere about the outlide of the uterus; which discharging itself into the vagina, flowed from thence in large quantities. During this complaint she had bore three children, and now was feized with pains about the os pubis, together with a difficulty of making water and in going to stool; which she imputed to her old disorder. She had felt some fymptoms of pregnancy, fuch as fickness and retching in the morning; but as the menstrual discharge was regular, she could not think herself with child. Nevertheless the pains increased, and she was suddenly delivered.

vered of a child in the beginning of the fifth month; which, though not above four or five inches long, lived fome hours. The fecundines did not come away, nor was there any discharge of blood; circumstances which plainly proved that the placenta still firmly adhered to the uterus: and as it was impoffible to introduce the hand, I thought it advisable to leave it to come away of itself, especially as the patient was free from pain. A glyster was administered; after the operation of which she took an anodyne draught of Ag. Cinnam. ten. et Syr. de Meconio, and enjoyed good rest that night. But her pulse being rather too flow, I prescribed the following draught to be taken three times a-day, in order to quicken the circulation.

B. Aq. Cinnam. ten. 3is. Pulv. Contrayerv. comp. Di. Castor. Sal. volat. succin. a gr. v. Syr. Croci. q. s. f. Haustus, 8va. quaq. hora sumend.

Bythis jalap a flight fever was produced; on the fifth day a flooding began, and the placenta being separated, was easily delivered. The flooding being at first pretty violent, was restrained by repetitions of the anodyne draught; and before the secundines came away, she received a glyster every night. After this miscarriage, she enjoyed a better state of health than before.

CASE V.

In December 1744, an unfortunate woman of the town miscarried in the fifth month; and the midwife, from a mistaken notion, that if the

the placenta is not immediately delivered, the patient must die, had tried to pull it away with fuch force as produced a violent flooding, of which she died.

This was likewise the case of another woman, who being delivered in the feventh month, died instantly of a flooding, occasioned by a violent separation of the placenta. These instances ought effectually to caution practitioners against using violence, either when the uterus is but little distended, or when the placenta adheres too firmly to be separated with moderate force.

CASE

In the year 1749, I was called to a woman four months gone with child, on the eleventh day after the eruption of the small-pox. She was then taken with pains; but being delirious, her case was not known until the nurse observed blood upon the cloaths. I found the os uteri confiderably opened; and the difcharge being great, and attended with frequent strainings, I broke the membranes that were pushed down with the waters. This expedient stayed the flooding; the fœtus was foon delivered, and had no mark of the small-pox; and the secundines came-away in two hours. But the discharge had sunk the pustules, which were of the confluent kind, and could not be railed again. She died in a few hours after the miscarriage.

In the German Ephemerides, anni primi, L. III. p. 139. there is an account of a woman who had the small-pox before the was delivered; and the child was marked with the fame difeale.

In the Phil. Trans. No 493. p. 233. is the case of a lady who was delivered of a child, on whom the small-pox appeared in a day or two after its birth; drawn up by Cromwell Mor-

timer. M. D.

In the same Transact. Nº 493. p. 235. are fome accounts of the feetus in utero being differently affected by the small-pox; by William Watfon, F. R. S. alfo at No 337. p. 165. Vide Lamotte, Observat. 129.

CASE VIL

In the year 1741, I attended a woman who was very much weakened by a constant draining of blood from the uterus for above four months, which had begun two months after conception. I found her pulse low, her countenance pale, and the whole furface of her body affected with a small degree of an anafarca. She was directed to take hartshorn jellies, with strong red wine; and afterwards being feized with labour-pains, and an increase of the flooding, I prescribed five grains of Pil. Matth. which were repeated every hour, until the pains and violence of the flooding abated. The os uteri being open, and the membranes pushed down with the waters, these last were pierced with a pair of sciffars; and the waters being discharged, the uterus contracted fo as that its veffels no longer poured forth their contents, and came in contact

livered when the pains returned. About one fourth of the placenta was then emaciated, and covered with clotted blood, which had taken the form of a white thick membrane, and lay betwixt it and the uterus; while the rest of the placenta was plump, red, and covered with fresh grumes of blood. The emaciated part had been separated at the beginning of the slooding, and the other in time of delivery. The child was alive, but very small, considering it was born in the seventh month.

C A S E VIII.

Communicated in a letter from Mr JORDAN, dated at Folkstone, April 26. 1751.

The woman was four months gone with child; had been troubled with a flight flooding at times, for the space of three weeks, and miscarried of the sætus about an hour before Mr Jordan arrived: and he understood that that the funis had separated from the placenta,

and come along with the child.

The patient was low and faintish, having been very much fatigued by the midwise's trying to extract the secundines: and she had bearing pains that frequently recurred, together with a slight flooding, which, however, was very inconsiderable. He directed her to drink frequently a little caudle, and prescribed an opiate; by which her spirits were recruited, and the pains for the present removed:

but

but these soon returned after she had enjoyed fome reft.

Upon examination, he found part of the placenta in the vagina, fo that the os internum was kept open; and that part which remained in the uterus adhered fo closely to it that he could not separate it without some difficulty. Immediately after this feparation. the woman was eafed of her pain; but some time elapsed before the recovered her strength.

Many cases of this kind have occurred in

my practice.

When the hæmorrhagy was altogether stayed, or continued in small quantity, after the delivery of the fœtus, the fecundines commonly were expelled by the after-pains. But when the woman's strength was in danger of being impaired by the flooding, I always endeavoured to bring them away with my fingers; and when these would not reach them, employed the blunt hook for the fame purpofe: nay, when both these expedients failed, I have restrained the flooding by prescribing opiates from time to time; and afterwards have found it more eafily brought away, if it did not come of itself.

If part of the placenta is come down into the vagina, I cautiously avoid feparating it from what remains in the uterus, because in that case the os uteri would contract, and retain it for a longer time. Whereas the os internum is kept open, and irritated by the protruded part, fo as to occasion every now and

then

then a pain which helps to separate and force

If the placenta lies loofe, though kept up by the contraction of the os uteri, and there are no pains to force it down, I open the os internum fo as to admit two fingers, and bring it away with the blunt hook: but even this method has failed, and a draining has continued for feveral days. I have opened the os externum fo as to introduce my hand into the vagina; and infinuating two fingers into the uterus, have separated the adhesion. Then, if I could not pull down the placenta with my fingers, I have introduced the hook along with them, and turning the blunt point above the separated cake, extracted it without further difficulty, taking care all the time that the point was towards the placenta, and did not touch any part of the uterus. I have tried to extract it with the polypus forceps; but seldom effected the extraction without difficulty, becaufe this instrument takes more room, and is not fo eafily managed.

There is very rarely occasion for any affistance of this kind, which should never be used except when the patient is in danger from long continued drainings.

CASE IX.

Communicated by the Same Gentleman.

A woman about five months gone with child, was taken ill with a flight flooding, which was restrained by taking eight ounces Vol. II.

of blood from her arm, keeping her quiet in bed, and giving her opiates from time to time. Yet, on the least motion, the discharge returned; and, in about five or fix days, labour coming on, she was safely delivered of the scetus and secundines by the labour-pains; but it was a long time before she recovered her strength.

CAS Et X. and bout

In the year 1729, I was called to a woman who was feized with a pretty large hæmor-rhagy, and miscarried in the fifth month. The funis and membranes were expelled at the same time, but the placenta remained; and though the discharge abated, a draining of blood continued to weaken her, for the space of three months after her miscarriage, when I was called, and found her pulse low, her countenance pale, and her body emaciated.

Feeling the os uteri very rigid, but so open as to admit two singers, I ordered her to be laid in a supine posture across the bed, and gradually dilated the os externum, so as to introduce my whole hand into the vagina. I then tried to dilate the os externum, but without success. However, my hand being in the vagina, I could now introduce my two singers so as to feel the placenta, which was strongly compressed by the uterus into a consistence of a scirrhous substance, about the size of a large walnut or pigeon's egg. This I separated all round with my singers; but as I could not bring it down, I introduced a long narrow-

narrow-pointed forceps, which, however, did not fucceed: finally, I had recourse to the blunt hook, with which I brought it away in three separate pieces. The draining was stopped, the woman recovered, and afterwards bore children. In this case the placenta, instead of increasing and forming a mola, according to the notion of some old writers, was squeezed into a small, round, compact substance, almost as solid as a cartilage.

C A S E XI

Communicated by Mr Hengeston, in a letter dated at Ipswich, Jan. 4. 1753.

He was called to a woman in the fourteenth week of pregnancy, found her much weakened by a flooding, and was told she had been four and twenty hours in that condition: On touching, he felt the body of the uterus almost even with the os externum, the os internum forwards above the pubes, and the fundus uteri backwards, and close to the lower part

of the rectum at the os coccygis.

The woman lying on her fide, he dilated the os externum, and introducing two fingers into the os internum, which was a little open, broke the membranes, in hope that by diminishing the contents of the uterus he might stay the hæmorrhagy: but, after having waited fifteen minutes to little purpose, he again introduced his hand into the vagina, and with his thumb in the os uteri, and his finger present backwards against the fundus, he pull-

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ed down the first, while his fingers pushed up the fundus above the os facrum : upon which the contents of the womb flipt into his hand.

The patient recovered, but laboured under a prolapsus vaginæ, occasioned by a former fevere labour. She is now again with child; and finding the uterus lying in the fame pofition, he defires my advice, in order to prevent another miscarriage from the preternatural lowness of the fundus, which he apprehends

will hinder the uterus from firetching.

I advised him to try to raise the uterus higher, and keep it up with a round peffary, or rather with one of that kind which have necks, and are kept up with straps tied to a belt that goes round the woman's waift. Vide Tab. XXXVIII. I likewise counselled him to bleed her, by way of preventing a flooding, if her constitution can bear that evacuation, and to keep her body open. " to be a thin now

Mauriceau, in Observat. 285. describes a miscarriage from a woman's being too much

shaken in a coach.

April 1. 1685. He attended a woman who had miscarried an hour before, of a small child of four months, which he judged from its corruption to have lain eight or nine days dead in the womb, before nature of itself expelled it. The body of this feetus being very fmall, and quite shrivelled, had for that reafon very little dilated the internal orifice, fo that he had no room for the present to bring away the after-birth; and therefore left it to nature. nature, which did the business twelve hours after. For he judged it better to do so, than to offer violence to the womb, by dilating so much as was necessary for extracting this foreign mass. This misfortune was owing to the woman's being too much shaken and agistated, by always using a very uneasy coach.

In Observ. 614. March 16. 1691, we are told he delivered a woman who had miscarried two hours before of a fœtus of three months, which had been dead eight or ten days, as appeared by its corruption. The midwife, for want of sufficient knowledge in her business, being incapable of bringing away the afterbirth, so excessive a stooding was excited by its retention in the womb, that the woman must have run a great risk of her life, if he had not speedily delivered her of it, and so put a stop to the slooding; after which she did very well.

In Observ. 694. we find he delivered a woman of the after-birth of a small feetus of two months, of which she had miscarried three hours before without any manifest cause: the after-birth being retained in the womb after the expulsion of the sectus, occasioned such a slooding, that the woman had several times fainting sits, from which she recovered as soon as he had delivered her of that foreign mass; for the slux then ceased, and the woman did very well. This was the eleventh child of

which the had mifcarried.

In Observ. 477. April 1687, he says, he attended a woman who was near the brink of H 2

the grave, it being the third day fince she had miscarried of a child of four months, whose after-birth was left entire in the womb; for the midwife was not able to deliver her of it. because of the great difficulty she found, as she told him. Whence that foreign mass, there remaining for three days, had caused a prodigious flooding; and as nature had not yet expelled it, there was no hope of bringing it away but by violence, because the womb was quite closed when he saw the woman. It turned at length to a most virulent putrefaction, which caused a continual high fever, with two or three exacerbations every day, accompanied with faintings and other fymptoms usual on these occasions. But for all these diforders, and a bad diarrhoea besides, she recovered her health, after a most grievous and troublesome fit of fickness for five weeks. He had some years before attended the same woman, when the was extremely ill in the like manner, after another mifcarriage, where the after-birth had been likewise left behind. the midwife not being able to bring it away!; and it was expelled by suppuration like this faft. bancings of materials of weither

In Observ. 550. April 1689, he tells us, he delivered a woman of a male infant, five months and a half grown, who was still alive, though the mother had laboured under a moderate flux of blood, which was almost continual, for the space of two months, increasing at last to such a degree as to hazard an abortion. In this fituation, he advised the woman 2011

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to keep her bed, or at least her chamber, that fo the might, if possible, preserve her great belly to the end of the term. But, instead of hearkening to his good advice, the undertook a journey in a coach, which was the direct way to destroy her infant, who lived but half an hour, though the mother was as well after he had delivered her as if the had lain in at the end of the natural term.

In Observat. 202. November 7: 1681, he fays he attended a woman who had miscarried of a dead child in the fixth month, by being jolted in a coach. Twelve or fifteen days before this accident, she had been too much shaken and jumbled on the road in travelling. This brought upon her pains in the belly, which lasted all that time, till at the end her waters flowed off in great abundance without any real pain. As the infant presented an arm, the midwife believing at first fight it was the foot, took no care, but drew it out as far as the shoulder, which put the child in a more unnatural posture than it was before. In this fituation of affairs, being ordered to attend the woman, he pushed back the arm into the womb; but as all the waters were entirely run off the day before, and the orifice of the womb was too strait and too dry for him. to introduce his hand without violence, in order to turn the child, he judged it more prudent to trust nature with the expulsion of it, than attempt it with a too forcible extraction; plainly foreseeing, that since it was very fmall, it might eafily come away in the fame opisia

posture it was in, when the womb should be fufficiently dilated; because the woman had already been mother to a child that was full grown, and gone out her term. It happened as he foretold, twelve hours afterwards, nature of its own accord expelling the child, by means of fome pains which were excited by a glyster he had prescribed, and which had sufficiently dilated the orifice. But the midwife who staid to attend her, missing the opportunity, let the womb close itself, and could not bring away the after-birth, which remained fix hours longer, after which nature of itself expelled it, as it had done the child; and the woman being thus happily delivered, did very well afterwards. He did not know, but if he had tried to take away the child by force, as he was defired when he first came, the violence he must have used in dilating the orifice, fo as to be able to introduce his hand, might have been very prejudicial to the mother; whom he preferved by prudently committing his bufiness to nature, for reasons declared above.

In Observat. 28. November 10. 1670, he tells us he attended a woman fix months gone, who for eight days past had a moderate flux of blood, in which were some clots, occasioned by the shocks of a violent cough, which had enlarged the orifice of the uterus to a singer's breadth. For this reason he told her she would certainly miscarry in a little time, although the felt no pain at present, because he was alfured, from the opening of the orifice and discharge

charge of blood, that it was impossible for the agitation of fo violent a cough not to accomplish the mischief it had begun. The event anfwered his prognostic; for the next day the woman miscarried of a child, which lived but

a day and an half.

In Observat. 164. we find, that, April 21. 1676, he attended a woman who had miscarried three hours before of a dead child of four months. Three weeks before this, she had received some burt in a crowded church, from which time she always felt great pains in her belly; and about the ninth day after this accident, began to void a little blood. From that time she never felt her infant move, but had the misfortune to lose it without the afterbirth, which remained behind, the midwife not being able to bring it away, because the womb closed immediately on the expulsion of the child. Having himfelf examined whether there could be any means found out to cafe this woman; and having discovered that the orifice of the womb was only open enough toreceive one finger, he judged it the fafest way at present to trust nature, and postpone the doing her any violence, by endeavouring to extract this after-birth by fo narrow an orifice, the remedy in this case appearing to him worse than the disease. So he deferred it to the next day, when, finding the womb much more dilated, he happily delivered her of her burden; and tho' fhe had at that time a fever upon her, the did very well afterwards.

In Observat. 508. he writes, That in November-H 5

vember 24. 1687, he attended a woman who had just before miscarried at the end of two months and a half, of a fmall feetus no bigger than a bee, which nature had expelled with a confiderable quantity of blood, which had been preceded by a distillation of reddish serofity for feveral days. When he was called to deliver her of the after-birth, he found the womb was entirely shut, and that there was no way to bring it off but by violent means, which might be more prejudicial to the mother than the relief he could promife her from the extraction would have been beneficial. For this reason he thought proper to trust nature with the bufiness; which was not accomplished till the twelfth day after, the foreign mass lying all the while in the womb, and was then expelled half suppurated; after which the woman did well.

The principal cause of this abortion, as he supposed, was a great costiveness in the time of pregnancy, which in this woman was so extraordinary, that she was sometimes sisteen whole days without going to stool: so that the great efforts she made to ease herself of excrements, excessively baked and hardened by so long a stay, did at the same time very forcibly compress the womb, which might very well be supposed to shake and loosen, and at last expel the newly-conceived setus; as was the case with this woman, who had miscarried several times before.

which will all the water

The following Cales are from LAMOTTE.

Observat. 129. In the year 1687, the fmall-pox raged in Valognes, which was more fatal than general, most of those that caught it dving of it. Among others, a lady of diffinction, fix months gone with child, or thereabouts, fell ill with it. All went exceeding well; the fever was moderate; the pultules large, raised, and white; when on a sudden fhe was taken with a convulsion: in less than half an hour the pustules went in, and her whole body turned black and mortified. He happening to be there by chance, gave her a few spoonfuls of wine; some pains followed, and he delivered her immediately of a live: child, who died foon after; another convulfion came on, and the died.

Observat. 151. A young woman that lived two leagues off, having reached the fifth month of her pregnancy, found herfelf ill, as fhe thought, with the colic. Her mother fent: for him in hafte, left the thould be in labour. as the really was, for he found her brought to bed of a child of five months, who was still? alive when he came. As the placenta had followed, he left her to the care of her mother. This young woman being again with child fome time after, miscarried about the fifth month, and fo fuddenly, that they had not time to let him know of it: she came off as: well this time as before. Being a third time with child, fhe was exceedingly watchful over herfelf, to do nothing that could produce a H 6 mif.

miscarriage. He bled her three times in the fix first months, and kept her to a very regular moistening diet. She carried her child to the feventh month; it lived but a few days. He imagining it was owing to her regularity that the carried this child longer than usual, the refolved to be still more cautious the next time. To that effect, he bled and purged her twice, after her getting up from this lying-in. He repeated the bleeding as foon as fhe was breeding, and kept to it every month. He kept her to a cooling moistening diet, not suffering her to eat any thing roafted, or to drink any strong liquor. Whether it was owing to this conduct, or any other reason, she was not brought to bed before the ninth month, and her labour was eafy, as it happened also twice after this. But being with child again, and more difordered at the fifth month than she had been in the ninth in her three preceding pregnancies, the was at fix months feized with labour-pains, and the waters came away. She fent for him, and he delivered her in a little while of two little boys, who were alive, but died foon after. He afterwards brought away a large placenta, common to both children, and the foon recovered. He has feveral times fince laid her of one child only, whom the has carried her full time, without any inconvenience.

What follows is from GIFFARD.

Cafe 118. April. 1. 1730. He was fent for to a poor woman in Knaves-Acre, the wife

of a fmith. She was about fix months gone with child, and had been feized with a flooding some days before, for which her midwife had lately come to confult him; when he ordered an astringent mixture to be taken, to the quantity of three or four spoons, now and then, and a quieting aftringent draught, to be continued every night, in case her flooding did not ftop. He likewise defired they would give him an account of her the next day; at the fame time telling the midwife, that in case it continued, the only means left to fave her life was to deliver; but as the method here prescribed had, in some measure, the desired effect for the present, he heard nothing farther for two or three days. Her flooding. however, returning again, her husband came to him, and defired he would vifit her; which accordingly he did, and, upon examination. found the os internum not dilated enough to receive the end of one finger, and not eafily to be dilated; wherefore he advifed a repetition of the medicines before prescribed: and on the next day, the man called again to tell him that the draining continued, but was not fo violent; however, as she became weaker, he defired he would fee her. He then found the os internum as it was the precedent day; and as he could not dilate it with his fingers, he advised a continuance of the mixture and draught. On the third day, the midwife fent him word that the draining continued, but that the os internum was dilated fomewhat more than the precedent day; which gave him encouragement

couragement to hope that he might dilate it wide enough to pass his hand and bring away the fœtus. Upon his touching, he found an opening large enough to admit the end of three fingers; wherefore he endeavoured to dilate it with his fingers, and stretching them wide from each other, he got in his thumb, and afterwards his whole hand. The first thing he met with was part of the placenta feparated from the uterus, and passing his hand by it, he felt the child inclosed in the membranes, and floating in the waters. He readily broke the membranes with his fingers, and passing his hand within them, soon met with a leg, which he drew out, and taking hold of it with a foft cloth, he gently pulled towards him, at the same time advising the woman to affift by bearing strongly down. By this method he prefently extracted the fœtus whole and entire; he was indeed afraid, as it was very tender, that the limbs would have feparated from the body: the placenta readily followed, being before in part, if not wholly, feparated from the uterus: the flooding stopped immediately on the delivery.

Mr Giffard gives a history, in Case 157. of a fœtus above fix months old, contained in a facculus without the womb, and protruded through the anus. Vide Extra-uterine Fa-

tufes, Collect. V.

Mr Chapman, in p. 206. gives the case of a child that was delivered at the anus about fix or feven months old.

There is likewife an account of an abortion,

Dr Monro, in the Medical Esfays of Edinburgh, Vol. II. p. 235. And of hæmorrhagies of the womb, stopped by Pulo. Stip. Helvetii. Vol. IV. p. 38.0 danie manor a to out and bainscainnivischense Lubed

To these it will not be improper to add some Examples from Hoffman.

In Vol. III. p. 183. Observ. 1. we read of a woman fifty years of age, the mother of feveral children, who milcarried in the third month of her pregnancy, from a violent fright and cold to which she exposed herself. There followed immediately a violent flooding; after this she laboured under an uterine hæmorrhagy, which sometimes stopped for a little, but immediately broke out again: her belly fwelled, and the had frequent palpitations, which made her suspect her being again with child, till a year had elapsed. The tumour of her belly was fometimes tenfe and hard, at other times foft, her feet swelled in the evening, and she felt a weight in the hypogastrie region. a sair bed say . Se cons

Various carminative laxatives and glyfters were in vain administered; but after three days use of the caroline mineral waters, the hæmorrhagy stopped, and by continuing to use them, she evacuated a great quantity of viscid matter, both by stool and urine, and the swelling of her belly subfided. Wherefore the entered the bath; and after once bathing, had violent pains and spasms, just like those of a woman in labour, and evacuated from the uterus some flesh-like membranous bodies, commonly called molas; after which the per-

fectly recovered her health.

In Vol. III. p. 183. Observ. 2. we have the case of a young woman of a lax habit of body, who had miscarried four times in the third and fourth months of her pregnancy. Being with child a fifth time, she was blooded in the third month. About her ordinary time of aborting, the found spasms, flatulencies, and compression of her loins and abdomen. fuch as she was used to have formerly when the miscarried; which, however, were removed by some antispasmodic medicines, by embrocating her abdomen with his balfamum vita, and by the application of toasted bread to the umbilical region. She had some spasms and pains in the feventh month; but kept her burden till the ninth month, when she brought forth a live child.

She conceived again; and by being blooded in the third and feventh months, carried her child to the full time.

In Observ. 5. p. 185. we find that a strong woman, thirty years of age, who had had two live children, but afterwards suffered fix abortions, two in the seventh and sour in the fifth months, being again pregnant, had an uterine hæmorrhagy in the third month, and was again threatened with abortion; but by letting blood immediately, the hæmorrhagy ceased: by repeating it often, and drinking nothing but pure water, taking some of the techaceous powders, and by applying Barbett's saponaccous plasters, with some of the oleum by of-

hyosciami, to her loins, the brought forth a live child at the full time.

Hoffman imagines the former abortions to have been owing to the woman's being plethoric, and drinking strong wine for her ordinary drink, which she was used to do.

In Vol. II. Sect. 1. Ch. 5. De Uteri Har morrhagia immoderata, he relates the case of a woman of a healthy and plethoric habit of body, twenty-eight years of age, and three months gone with child, who was taken with a discharge of blood from the vagina, which continued in a small degree for fourteen days. But from using too violent exercise, she was taken with a profuse flooding, which threw her into faintings: after trying both internal and external remedies to no purpose, he being called in to relieve the patient in this extremity of danger, immediately stuffed the vagina with tow, dipped in a folution of the caput mortuum of vitriol; by which the discharge was in a very little time stopped; and by corroborating diet and medicines her ffrength was recruited. The lint, three days after, was extracted with great difficulty, from its being matted and concreted with the grumous part of the blood; on which followed also a fmall flesh-like substance, with a little uncoagulated blood. By taking proper medicines, with a nourishing diet, the patient recovered; after which she was again pregnant, and fafely delivered. He, in that part of his works where he treats de Convulfione Uteri, five Abortu, gives ten different cases of abortions; and and although his method of prescribing is different from the practice here, yet his intentions of cure are the same. He orders venæsection when necessary, together with astringents, opiates, corroborating and laxative medicines, according as the exigence of the

case requires.

I find in practice, that the flooding commonly diminishes, and frequently stops, when the membranes break and the waters come off; though in some the flooding has continued, and in others has been immediately carried off, by delivering the placenta. This difference shows, that those who run into extremes, either in hurrying off the placenta in all cases, or in leaving its expulsion always to nature, err; for a practitioner ought to vary his method in these cases, as well as in others, according as it shall appear most proper; as in the foregoing cases of abortion from Mauriceau.

NUMB. III. CASE I.

Of MARKS and MUTILATIONS.

When I defired the woman mentioned in No II. Case 7, to put out her tongue that I might examine it, in consequence of her complaining that it was dry and parched, I observed something on the tip of it like a plum, of a green colour, hard and painful. She told me, that when plums begin to ripen, it grows larger, softer, and less painful; acquires a blue reddish or purple colour; and she

the feels an hard grifly substance like the stone in the middle: in winter it shrivels and decreases, and next season resumes the same appearance. It seems, when her mother was with child of her, she longed for some plums, which she cheapened, but would not buy, because she thought them too dear; however, she had touched the tip of her tongue with one of them, which she afterwards threw down; and by this transient touch the child was affected in the same place.

CASE II.

I DELIVERED a woman, in the eighth month, of a child; from the outfide of whose little singer of the right hand hung an excrescence about the fize of a nutmeg, resembling one of the small potatoes that are used for seed, both in the colour and little indentations on its surface; and some of the women assirted the mother had longed for that food before delivery. The tumour dropped off in a few days, in consequence of a ligature tied round its neck; but the child had likewise a superfluous little singer on the other hand, and a supernumerary little toe on each foot.

Notwithstanding these examples, I have delivered many women of children who retained no marks, although the mothers had been frightened and surprised by disagreeable objects, and were extremely apprehensive of such consequences. One woman in particular, when three months gone with child, was surprised, upon opening the door, by a beg-

gar's

gar's thrusting a bare stump in her face; a circumstance which alarmed her to such a degree, that the made herfelf and all about her unhappy, being fully persuaded that her child would be born with the fame mutilation; and indeed she could scarce be convinced of the contrary, when she felt the child's arms after it was delivered.

Schenckius, in Lib. IV. De Gravidis, from p. 621. to 625. relates feveral observations on the strange effects produced from the imaginations of pregnant women, occasioned by different accidents that happened to them in that

THE PROPERTY OF THE PARTY OF THE

In the Phil. Trans. No 493. p. 205. is part of a letter from Mr Ben. Coke, F. R. S. concerning a child born with the jaundice upon it, received from its father, and of the mother's catching the same distemper from her husband the next time of being with child.

Vide Ephemerides, ann. octav. Observ. 46. and 55. anni 9. and 10. Observ. 22. Decuria secunda Epbemeridarum, ann. prim. Observ. 40.

Mauriceau, in p. 288. and Observ. 348. relates his having delivered a woman of a child whose head was of a monstrous figure, being all made up of face, as it were, with great gogling eyes. It had towards the occiput a fleshy mass, almost like the placenta, which feemed to come out of the cerebellum and nape of the neck. The mother had felt this child move in her womb with more force than her other children; but it was dead-born, it having having remained long in the passage, and afterwards been turned. The mother imputed its monstrous shape to her having fixed her eyes stedfastly on the figure of an ape.

Vide Phil. Tranf. No 456. p. 341. and No461. i thorniba seinal markingani

the waters and focus three withred

p. 764.

I have delivered many women who were prepoffessed with things of this kind before delivery, which I have never yet found to

happen as they imagined.

I delivered a child lately who wanted all the fingers of one hand; a circumstance which was concealed from the mother for feveral days; and on asking her before she knew of it, she acknowledged that nothing extraordinary had happened to her during her pregnancy, but the tel marting horoman commen off combination book edit.

beforek giveen handeren schareck batusch eines COLLECTION XIII. offedhear massers somewhat their and

Of the SITUATION of the Child during Pregnancy, the Signs of Conception, and Premature LABOUR.

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Of the SITUATION of the Child in UTERO. [Vide Vol. I. Book III. Chap. 1. and 2.]

went be wall attack attack URING a fuccession of many years, I have been called to women who miscarried

carried in the fourth or fifth month, and generally found the head presenting. In the years 1727 and 1748, I was concerned in two cases where the arms came down, and were forced along double. In 1746, I delivered a woman in the fixth or feventh month, with the waters and fecundines unbroke, and there the head presented. In the year 1752, I found the placenta presenting; and being forced down in the vagina, the head pushed it out after the membranes were broke. In the year 1747, a woman in the fixth month was brought to-bed of twins, and both children presented with the breech, and were so delivered one after another by the labourpains. the adventured electric partition and at

In the year 1751, Dr Hunter opened a woman who died near her full time, and found the head prefenting; the very next year he had occasion to dissect another subject of the same kind, and found the child nearly in the same situation. In both cases, according to Mr Ould's allegation, one ear was to the

pubes and the other to the facrum.

From these subjects, some very accurate, useful, and curious plates, will be published.

Dr Camper, professor at Franker in Friesland, opened a woman, in whom the child was situated in the same manner; and I myself sind the head presenting so in almost all natural labours.

Dr Monro showed me, Dec. 1753, some drawings of a subject, which his father had the preceding winter diffected in the public theatre;

theatre; tables of which are just published in the Phil. Trans. of Edinburgh. This was a woman faid to be fix months gone with child, in whose uterus the feetus lay in a longish form, with the legs and breech to the fundus. the head resting on the brim of the pelvis, and the fore-parts of the child to the back-part of the womb, though turned a little towards the left fide. He observes, that though this foetus, and those examined by Dr Hunter, were found with the head downwards, yet this does not feem to be always the case; for the children appeared with their heads uppermost and their faces towards the mother's belly, in one woman who died when eight months gone; in another who believed herfelf at the full time; and in a third, supposed to be in the feventh month, diffected by his father and bimfelf, are the one of a pattern albitis en

Lamotte, in Chap. XXI. Book I. gives three instances of pregnant women whom he had

occasion to open.

In the first, who was fix months gone, and died of an apoplexy, the head, hands, and feet of the child occupied the inferior part of the uterus, while the back formed a kind of vault conformable to the shape of the womb, and the placenta was between them.

In the fecond, who being five months gone, fell into a fainting, of which she did not recover, the child lay across the uterus

with the legs bent up,

In the third, who died in the fixth month, of a fluxion upon her breast, attended with a continual

continual fever, the child's legs and buttocks were towards the bottom of the uterus, and the head downwards, as in natural labours. Vide Tab. VI. VIII. VIII. and IX.

regar, a chi the Japa and Areed With hundur From Dr GARROW, dated Barnet, Feb. 4. 1754. the fore-garte of the child so the hadi-part of

the womin, though tomical a hade towards, the The few following remarks I lately made on opening the body of a young woman just dead of a flooding, in the beginning of the eighth month.

r. The uterus, distended by the waters, placenta, and feetus, appeared pretty much of an oval figure, prominent in the middle, and gradually flattening towards each fide.

2. The fundus reached rather above the middle space between the navel and scrobiculus cordis, pressing up the omentum and intestines, so as to make it easily appear why umbilical ruptures are less troublesome to women in the last months of pregnancy.

2. The thickness of the uterus was about a quarter of an inch, as near as I could guefs,

without measuring.

(MODELLOS)

4. The child lay on its left fide, the head presenting; consequently the face and foreparts turned towards the mother's right fide; though not directly, but rather inclining towards the os pubis.

5. The placenta adhered to the os internum nearly by its middle or thickest part; in which part I perceived a laceration upwards and the behavior and as an account of

of an inch long, and penetrating almost thro'

the fubstance of the placenta.

6. There was not the least appearance of blood in the navel-string, except a few drops just by the child's belly; and I believe the whole quantity in mother and child, at that time, was very inconsiderable; but I had no opportunity of examining further.

NUMBII. CASE I.

Of the SIGNS of Conception.

In the year 1747, I visited a woman who was attacked by a super-purgation in the third month of her fecond pregnancy, and dreaded a miscarriage. I prescribed opiates; by which her disorder was immediately restrained; but I could not diftinguish the period of her gestation by the touch in the vagina, because the uterus moved eafily up and down. She had undergone a regular discharge of the catamenia in her former pregnancy; and in this they had twice appeared; but her fickness at stomach, and retching, which she had before experienced, were the fymptoms from which the concluded herfelf with child. The loofeness was soon stopped; and she felt the motion of the fœtus in about fix weeks, when the other diforders abated. Vide Tab. VI.

CASE II.

In the same year, I was consulted by another patient, who had a regular discharge of Vol. II. the

the menses, without retchings; but suspected herfelf of being pregnant, by feeling a greater fulness about the third month. This, she supposed, might proceed from the bulk of the uterus, which kept up the intestines: and in five or fix weeks after, her fuspicion was justified by the motion of the child.

CASE

In the year 1742, I was consulted by a midwife about a woman supposed to be in the eighth month of her pregnancy. I was told she had been seized with a flooding, and in danger of miscarrying in the fifth month, when a gentleman of the profession was called. and used the common methods of restraining the discharge. This happened twice after: and blooding, with restringents, were as often repeated. The midwife, observing that the patient was not fo big as fhe expected to find her at that period, defired me to examine; and I proposed that the other gentleman should be called to the consultation; but was given to understand that he was difmissed, and would never be employed again in the familv. The os internum was fmooth; and with my finger in the vagina, I could eafily move the uterus upwards, and from fide to side, while the lower part of the abdomen was perfectly foft. From these observations. I declared, that if she was at all pregnant, she could not be above three or four months gone: and she affured me, that if she was not in the eighth month, fhe could not be with child at all. I then concluded that she had been obstructed four periods, and that the return of
the menses had been mistaken for a stooding:
and this was certainly the case; for she continued regular, without any other symptom of
pregnancy. The gentleman who at first attended her had, a few months before this
occasion, affirmed, that he could at any time
discover whether or not a woman was pregnant, and tell the period of her gestation
within eight days of the exact truth.

C A S E IV.

Some years ago, I was folicited by the midwife of Mary le Bon workhouse, to go thither and fee a girl about twelve years of age, fupposed to be eight months gone with child, who was fent by the overfeers of the parish to lie-in at the house. She told me, that several gentlemen of the profession, as well as midwives, had examined her; that one of them had offered to deliver her gratis, and some others had made great interest to be present at the occasion. I accompanied the midwife; and, first of all, examined the external parts: when finding the passage so small, that I could not introduce the tip of my little finger, I made no hesitation in declaring, that she had never converfed with man. I found a large fwelling betwixt the scrobiculus cordis and the navel, which appeared to be the liver very much enlarged. The uterus it could not be ; for I pushed my fingers quite below it, and pressed in the parietes of the abdomen almost

to the vertebræ of the loins. The girl had been advertised, and the matron had got money from numbers who went to see her; and notwithstanding my declaration, the farce was carried on, until people began to suspect the deceit, when she was sent to one of the hospitals for the cure of her hepatic disorder.

CASE V.

I was called by a lady, to prescribe medicines for a favourite maid who was obstructed; and from whose florid countenance I immediately suspected there was something extraordinary in the case: for women troubled with simple obstructions of the catamenia, are commonly, in the fixth month of the obstruction, of a pale bloated complexion. With great difficulty she was prevailed upon to let me examine the state of the uterus by the touch; when I plainly felt the stretching of the womb in the vagina, as well as the circumscribed tumour a little below the umbilicus. By which circumstances, I was certified of her being fix months gone with child.

In many cases, however, when the woman is fat, it is impossible to judge from this stretching till about the seventh or eighth month.

Lamotte, in Chap. XI. Book I. gives feveral cases on the infallible signs of pregnancy in the last four or five months of uterine gestation.

Schenckius, in Lib. IV. De Conceptione, p. 619.
compiles, from different authors, several obfervations

fervations of young girls, who have conceived and bore children at the age of eight and nine, as well as of women pregnant after the age of threefcore.

Hildanus, Cent. 2. Observ. 60. mentions a girl of eleven who had the menfes; and in Observ. 61. affirms, that this discharge continued in a woman to the age of feventy-

eight.

In the Memoirs of the Academy of Sciences at Paris, H. 1710. p. 16. we find an account of a woman, aged eighty-three, who married a man of ninety-four, and was brought to-bed of a boy at the full time.

NUMBHI. CASE I.

Of Premature LABOUR.

In the year 1728, a woman, imagining the had gone her full time of a first child, sent for the midwife, who had attended her three days; when the husband came, and defired me to order fome medicines to quicken the pains; or, if I thought it more necessary, to go and see his wife. When I went to the house, I found the midwife at work in stretching the parts, and, to use her own phrase, in making room for the child to pass. I sat down to wait for a pain, during which I might examine; but nothing of that kind happening, I introduced my finger into the vagina, and felt the uterus quite light, without the least distention; nor was any stretching perceivable in the abdomen. (Vide Tab. V.) I then declared

declared she was either not at all pregnant, or very young with child, to the aftonishment of all the women, who could scarce believe that the midwife, who was not a young beginner, could be fo far miltaken. For their fatisfaction, I defired they would fend for another midwife; who confirmed my declaration. The woman had never been regular in her menses, of which but a little appeared at a time, and that feldom; and this small evacuation, in all probability, proceeded from her having been weakened by large discharges from scrophulous ulcers. However, in eight: months after this period, she was delivered of a full grown child; and, in all likelihood, the uneafiness of which she complained, when I was called, was no other than breeding complaints.

CASE II.

In the year 1744, a young practitioner inmidwifery having attended a patient all night, fent for me in the morning, and told me that the os uteri was a little opened, that the membranes were broke, and the head presented; that the woman had slight pains, and he had tried to stretch the parts to no purpose. Upon examination, I found the os uteri open to the breadth of half-a-crown, but thick and rigid; and after having waited some time, obferved that the pains were slight, and seldom recurred. This was her first child; and, according to her account, she wanted three weeks of being at the full time.

I told the gentleman, that, in my opinion, this was not real labour; and that the pains had been brought on by a loofeness, with which she was attacked the preceding day. In consequence of my advice, she was blooded (her pulse being quick) and took an opiate; which carried off the pains; though in three weeks the real labour came on.

CASE

In the year 1749, I attended a woman come to the full time, of her first child: she had for three days been subject to slight pains, which recurred every now and then: The os uteri was a little opened, but thick; and as the head presented, though the membranes had broke too foon, I resolved to allow some time for dilating the os internum. I therefore prescribed venæsection, a glyster, and opiate; in consequence of which she enjoyed a good night: but after I was gone, it was imagined I wanted to protract the case, and a call was given to a midwife; who affirmed, that had she been sent for at first, the patient would have been delivered before this period. The flight pains, therefore, no fooner returned, after the effect of the opiate ceased, than the began to stretch the parts, and fatigued the woman fo much, that they thought proper to call me again in the evening; when finding the pains inconsiderable, and the os uteri, though more dilated, still rigid, I ordered the opiate to be repeated; and next day

day the pains growing stronger, she was safely delivered.

CASE IV.

In the year 1753, I was, about fix in the morning, called to a woman in her first pregnancy. The membranes were broke, the os uteri was confiderably opened; but the child's head being large, rested above the brim of the pelvis, (Vide Tab. XII.) while the vagina and os externum feemed very narrow and rigid. The midwife had fatigued the patient, by putting her in feveral different positions. Her skin being hot and dry, and the pulse full and quick, she was blooded to the quantity of ten ounces; a glyster was injected; and after its operation, she took a draught with twenty drops of the Tinct. Thebaic. and two drachms of the Syr. de Meconio, which composed and threw her into a plentiful sweat. I was called again at night; when I found the midwife had perfifted in fatiguing her: the head was advanced to the middle of the vagina, but the parts below were still very tight. I ordered the opiate to be repeated; she enjoyed good rest; and the parts being gradually diftended, she was delivered next morntien the or of a section but

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Of Natural Labours.

NUMBI. CASE I.

Of the Os INTERNUM opened by the Waters and Membranes.

[Vide Tab. X. and XI.]

TN the year 1748, I was bespoke to attend a woman in her first child; and received a call about the middle of the ninth month, when the complained of pains in her head and back; and I understood she was costive, and troubled with a tenesmus; which she mistook for labour-pains. After having felt her pulse, which was quick, fat by her fome time, and put the necessary questions to the nurse, I directed the patient to lie down on the fide of the bed; and a quilt being thrown over her, placed myself behind, in order to examine. I found the os internum foft, but not open (Vide Tab. IX); from which eircumstance I declared she was not in labour: then I ordered her to be blooded to the quantity of eight ounces; and a glyster being injected, she was relieved of her complaints. In a fortnight after this visit, I was again called, and found the labour begun; the os uteri was exceeding thin, and open to the breadth of half-a-Is crown:

crown: the membranes with the waters were pushed down by every pain, and the child's head rested upon the upper part of the os pubis. For three or four days she had been subject to flight pains, which returned at long intervals; then they became more frequent, recurring every two hours; and by that time I was called, they had grown stronger, and . came faster. As she was still costive, I prefcribed an emollient glyfter; by which the indurated fæces were discharged; and then the labour proceeded in a flow and kindly manner, the membranes gradually opening the mouth of the womb. I did not confine her to any particular position, but allowed her to walk about, and undergo her pains either fitting or lying in bed. The membranes having fully opened the os internum, and being pushed down in a globular form to the lower part of the vagina, gave way during a pain, while the stood leaning on the back of a chair; a large quantity of waters was discharged, and the child's head funk down into the pelvis. This was her first child; she was of a strong constitution, and the external parts were very tight; fo that I would not put her to-bed until the head should have come lower down. and gradually opened the os externum. But thefe parts being pretty well distended, and every thing fast approaching towards delivery, she was put to-bed, which was prepared by the nurse, and laid on her left fide: at every pain the head advanced farther and farther; the remaining part of the waters was gradually forced

forced down, so as to lubricate the parts: I then plainly felt the ear of the child at the pubis, the hindhead at the lower part of the left ischium, the lambdoidal suture crossing the end of the fagittal, and the fontanel on the other fide higher up in the pelvis; at which part the fagittal was likewife croffed by the coronal future. As the head advanced, the occiput was turned in below the os pubis; the foft parts of the mother, backwards, were protruded in form of a large tumour; the osexternum was widened more and more; the perinæum lengthened to three fingers breadth. and the fundament to two: the crown of the child's head turned gradually upwards towards the upper part of the labia, the forehead being backwards at the lower part of the facrum and coccyx: advancing still, the backpart of the neck was felt below the pubes : then the perinæum being stretched to four or five fingers breadth, very tense and thin. I applied to it the flat part of my hand during. each fucceeding pain, in order to prevent its being torn, and let the head be delivered in as flow manner, by rifing up with an half-round turn below the os pubis. The fame pain that delivered the head forced down the shoulders. which I helped eafily along with my fingers placed towards the arm-pits. I kept the child. after it was delivered, under the cloaths, until it began to breathe and cry; then I tied and divided the funis, put a warm cloth round the head, and, wrapping it in a receiver, gave it to one of the affiftants. The placenta was gradually bours, I 6

gradually forced down into the vagina, and extracted by pulling gently at its lower edge and at the funis. The child was a strong healthy boy, and the mother recovered to my

I have given a particular detail of this case, in order to make young practitioners acquainted with the common method of acting in natural labours, these being the circumstances that usually occur to an healthy woman in bearing her first child. Some slight pains recurring now and then for some days before the real labour, are of advantage, in flowly and infenfibly dilating the os uteri; fo that when the pains grow stronger, the delivery is the fooner effected. The os internum is very different in different women, with regard to the thickness and rigidity; and, in proportion to thefe, requires more or less time for the dilatation. In forty-nine cafes out of fifty, the membranes break after the os internum is fully opened, fo as that they are protruded into the middle or lower part of the vagina. After these are broken, the pains frequently abate for a shorter or longer time, and then growing stronger, the child's head is forced lower down, and the forehead turns gradually from the ifchium into the hollow of the facrum. Time should now be given for the vertex to open the os externum, and this is most fafely effected by flow gradual pains; for there is seldom occafion to lubricate or use other means for stretching the parts. Indeed, in natural labours, bours, almost our whole business consists in encouraging the patient, and preventing the fourchette, or frænum labiorum, from being torn, when the head is protruded through the os externum. For although it is commonly faid, that fuch a woman was laid by fuch a person, the delivery is generally performed by the labour-pains; and if we wait with patience, nature of herfelf will do the work. We ought not, therefore, to fatigue the patient, by putting her too foon in labour, according to the common phrase, but to attend carefully to the operation of the pains: and in most cases we shall have nothing else to do but receive the child.

CASE IL

In the year 1743, I delivered a woman, in the beginning of the feventh month, of her third child. Her husband had died suddenly about twenty days before, and upon that occafion the had felt the child move with great violence, and this was succeeded by a kind of tremulous motion; after which she never felt it stir. On the nineteenth day after this accident, she was taken with a looseness, which brought on labour-pains; the membranes broke when the mouth of the womb was fully opened, and the was immediately delivered of a dead child, which passed easily along, tho' its abdomen was much swelled.

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NUMB. II. CASE I.

Of the Os EXTERNUM opened by the Membranes.

In the year 1742, I was called to one of the poor women whom my pupils attended; and examining in time of a pain, I found the waters had pushed the membranes through the os externum, in a large, round, globular figure. When the pain abated, and the membranes became lax, I could eafily with my finger feel the child's head at the lower part of the vagina. I defired her to lie down with her breech to the bedfide, and be covered with a quilt. The pains, which were strong, returning at short intervals, forced the membranes and waters with the child's head through the os externum; even the shoulders, and part of the body, were delivered before the breaking of the membranes, which then gave way, tearing all round from the edge of the placenta, and remaining upon the head and body of the child, which could not breathe until I had stripped them off. The woman had bore children before this labour : the pelvis was large, the child come to its full time, and of an ordinary fize; but the placenta came off with difficulty. I understood she had not undergone above fix pains when I arrived; and before the pupils could have notice to come she was delivered. She expressed great joy when she knew the child was born with a cawl, which she dried and carefully kept, in full perfuafion that her child would

never

never fuffer extremity, either by fea or land, while it remained in her possession.

CASEII

In the fame year, I was called to another poor woman, whom I delivered by myself. The membranes, waters, and head, were protruded through the os externum, while the patient stood leaning on the back of a chair: then the membranes breaking, were torn all round before the shoulders were delivered, and remained sticking on the head: the same pain brought forth the body and the placenta; and I arrived just in time to prevent the child's falling on the ground.

CASE Ш.

In the year 1746, I attended a person who fell in labour in the latter end of the eighth month: she had formerly had quick labours, and now the pains were strong and frequent. The membranes and waters had opened the os externum, and the head of the child was low down, though it did not advance in pro-portion to the protrusion of the membranes, which at last were forced down about the fize of a child's head, without the os externum. While the head was retarded in this fituation, the weight of the waters stretched down the membranes, and formed the appearance of a large bag, narrow at the upper part, which I pulled away, and threw into a bason. In three pains more, she was delivered of a child, which had been dead eight or ten

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days, with a swelled abdomen, which had retarded the birth.

CASE IV.

In the year 1748, I was called, in a great hurry, to a gentlewoman in labour of her first child, in the beginning of the seventh month: but, before I arrived, the membranes, with the placenta, waters, and child, were delivered all together, and put in a bason by the nurse; so that I found the membranes whole, and the child swimming in a great quantity of water. Without remembering to search for the allantois, I opened them in a hurry, and perceived that the child had been dead ten or fourteen days.

CASE V.

In the same year my assistance was demanded for another patient, come to the sull time in her first child: the labour was slow; but, by degrees, the waters and membranes opened the os internum and externum without breaking, and the woman was delivered of a dead child, whose belly was swelled.

CASE VI.

In the year 1751, I delivered a woman in the eighth month, whose os externum was opened by the membranes and waters, which were pushed out a great way: the child's head was likewise partly protruded, but yielded a very uncommon feeling to the touch, as if there had been another set of membranes and

and waters, within which I thought I felt the loofe bones of the skull. When I broke the membranes. I felt the hairy fcalp, and difcovered an hydrocephalus in the child; which was foon delivered, and lived fome days, the', from its continual moaning, it feemed to be in great agony. Vide Collection XLIII.

Besides these. I have assisted in a great number of cases, where the membranes have opened the os externum, and the head has been delivered before they broke. Indeed, in all natural labours. I wait for this operation, which renders the passage for the child much more easy: and I never tell the good women whether or not the membrane remains upon the child's head, that they may not have an opportunity of indulging an idle fuperstition.

Of the Os INTERNUM opened by the Child's Head and Membranes. Also of the Os Ex-TERNUM opened in the fame manner. Vide Tab. XIII.

NUMB III. CASEL

In the year 1747, being called to a woman in labour of her fecond child, I felt the mouth of the womb largely open; and the midwife faid that the membranes were broken. This declaration had alarmed the women, who entertained an idle notion, that if she was not immediately delivered, she would lose her opportunity; and indeed this apprehension was the

the cause of my being employed. After she had undergone two or three pains, I found that the head had gradually increased the dilatation of the os internum; that the membranes were not yet broke, and that the midwife had certainly mistaken a fmall discharge of urine for the waters. I then affured the patient that she was in no danger; and that, even though the membranes had been broken, the delivery ought to be left to the labour-pains: in confequence of which, the head was foon forced down into the middle of the pelvis; and the os uteri being fully dilated, I felt the membranes very fmooth. Another pain forced the head down to the lower part of the pelvis, when the membranes fplitting upon the head, I could plainly diffinguish the hair of the fcalp; and the patient was, in a little time, fafely delivered by the midwife. I could feel no waters during labour, and there was only a fmall quantity discharged when the body was delivered.

Both before and fince this occasion, I have been concerned in many cases of the same nature, which generally prove easy and successful, and happen when the child is surrounded by a small quantity of water. I have been sometimes puzzled to know whether or not the membranes were broken, until the head came so low down, that I could easily introduce the fore and middle singers, and feel the hairy scalp. However, this uncertainty is of no consequence in such easy labours: at other times, I could feel no waters, until the head

head descended low down, and then I have perceived them protruding the membranes at the back-part of the pelvis. Vide Tab. XIV. and XV.

CASE II.

In the year 1745, I attended at a labour in which the child's head came down in the fame manner as that described in the preceding case: the child was small, and came easily along; but I could feel no waters, nor did the membranes give way until the head was delivered. In other cases where there was little or no water, the membranes generally broke sooner.

NUMBIV. CASE I.

of a fmall CHILD or large PELVIS.

In the year 1749, I was called to a gentlewoman, who had bespoke my attendance in consequence of her having been formerly subject to lingering labours, from the large size of the child and the smallness of the pelvis; but, before I could reach the place, she was delivered; and this uncommon facility proceeded from the very small size of the child, which was born four or sive weeks before the end of her reckoning.

CASE II.

In the year 1751, my attendance was befpoke for a woman in her first labour, by her friends;

friends; who were afraid it would be difficult. because she was pretty much distorted, had been fickly during pregnancy, and took but very little nourishment. For two or three days, she had been subject to slight pains, but when they became stronger. I was suddenly called; and when I reached her house, found the child coming into the world. It was very fmall, the pelvis of a middling fize, and the os uteri was pushed down without the os externum. The fuddenness of the delivery occasioned an inflammation of the mouth of the womb, which abated in confequence of her drinking plentifully of diluting liquors: yet, after the ninth day, the complained of great pain in that part when she sat up, but was tolerably easy while she lay in the bed. For this reason. I prescribed a longer term of confinement than is usual, and directed a sponge dipped in warm claret to be put up in the vagina, and this application to be repeated feveral times in a day: by these means the complaint vanished by the end of the month.

CASE III.

ABOUT fix or seven years ago, I was called to a patient on the thirteenth day after delivery, who laboured under the same complaint which I have described in the preceding case, and which was likewise the consequence of sudden delivery. The pelvis was large, and the os uteri being swelled and painful to the touch, I ordered her to be confined to her bed. The family-

family-physician being consulted, it was agreed that she should drink plentifully of weak caudle, chicken-broth, and, for a change, barley-water, in order to promote a diaphoresis; and that equal parts of the emollient decoction and French claret should be applied in the vagina, with a fine linen rag. For many days the pain always returned when she rose from bed, till one night, being told the child was very ill, she ran up to the nursery in a hurry; and this motion entirely carried off the complaint.

I have been concerned in many cases where the women suffered, though not to such a degree, when the labour was precipitate, the

child fmall, or the pelvis large.

Many women have bespoke my attendance, and, notwithstanding all my expedition, have been delivered before I could reach the place. One woman in particular bore five children so suddenly, that although I lived in her neighbourhood, and happened always to be at home, I never could arrive time enough to assist her, except in her first child.

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COLLECTION XV.

Of Lingering or Tedious LABOURS.

NUMB. I. CASE I.

From the RIGIDITY of the Membranes when pushed down with the Waters.

IN the year 1743, about feven in the evening, I was called to a patient whose pains were pretty strong. The mouth of the womb was largely open, the head presented at the upper part of the pelvis, and, as usual, rested against the superior part of the os pubis; and during every pain a small quantity of the waters pushed down the membranes at the back-part of the pelvis. I waited to see if the child's head would advance, and though the os internum was fully open, would not venture to break the membranes; because, when I attended her at the birth of her first child, the preceding year, the labour was lingering and tedious from the large fize of the head, even though it had advanced farther, and the membranes were broke. I was therefore loath to break them until the head should come lower down; and she continued without any fleep or reft, fubject to pretty fevere pains at the interval of five or fix minutes, till about seven in the morning, when, in spite of all my care to prevent her being fatigued, and the encouragement of the familyphysician, who was present, her spirits began to flag; she exclaimed she should die before delivery; and the friends feemed to be anxious and uneafy about her fituation. During all this time, the head had not advanced in the least, nor were the membranes with the waters farther pushed down. I introduced my finger into the vagina, and after two or three unfuccessful attempts, burst them during a strong pain; by which means a large quantity of waters was discharged, and the head forced down to the middle of the pelvis. This being effected, the was foon delivered of a fine child, though fmaller than the former.

CASE II.

In the year 1745, about three in the morning, I was called, by a midwife, to a woman in labour of her first child. I understood that the pains had been strong and frequent, and that the friends being uneafy, recourse was had to my advice and affiftance. I examined during a pain, and found the mouth of the womb open to about the breadth of a crownpiece, though the os uteri was pretty thick and rigid. She had been fatigued by walking, and undergoing her pains standing, and in various other positions; had enjoyed little or no rest for two nights, and was very costive. I prefcribed an emollient and laxative glyfter; after the operation of which, I again examined during a pain; found the os internum much in

ftrongly pushed down with the waters. When, upon the pains abating, the membranes became lax, I felt the child's head, which being touched by the finger, swam up and returned: a circumstance that plainly proved there was a great quantity of waters. I assured the patient and her friends, that the child presented fair, and that there was no apparent danger; then I advised the midwife to put her to bed, without exposing her to any further fatigue, or desiring her to force down, except when compelled by the pains; and in case she should not otherwise enjoy some rest, I prescribed the following draught.

B Aq. Alexit. Simp. 3xiv. Tinel. Thebaic. gt. xv.

Syr. e Meconio. 3ij. m.

And directed her to drink frequently of weak warm caudle, to promote a diaphoresis. Next evening I received another call, when the midwife gave me to understand that she had taken the draught, in consequence of which, she had enjoyed refreshing rest and a plentiful fweat, although she had been frequently waked by the pains; and she told me that the membranes were not yet broken, although the mouth of the womb had been fully opened for four hours. When I examined, I found the membranes pushed down with a large quantity of waters, to the lower part of the vagina; and when the pain abated, felt the head pretty low. It still moved easily up and down: whence I concluded, that either it was fmall, or the pelvis not narrow: yet, as

this was her first labour, I waited two hours, in hope that the membranes would advance farther, and open the os externum; but they remaining in the same situation, I imagined their rigidity retarded the delivery; and breaking them in this persuasion, the child was soon delivered.

CASE III.

In the year 1745, I was early in the morning called by a midwife, to a woman who had been four-and-twenty hours in labour of her first child. I found the mouth of the womb largely open, the waters pushing down the membranes in a large globular figure; and as the violence of the pain abated, I felt the head of the child resting at the upper part of the os pubis. The midwife told me the patient had been in that condition feveral hours. but that she was afraid of breaking the membranes too foon, because she suspected that the woman was a little distorted and the pelvis narrow: however, the friends being concerned at her being fo long in labour, and a difcharge of blood supervening, she had thought it necessary to ask advice. After having twice again examined during pains, and maturely confidering the cafe, I concluded that delivery was retarded by the rigidity of the membranes, which feemed to be thicker than usual; for as the child's head fwam up from the touch and returned, it was plain that it could not be engaged, and that there was a great quantity of the waters. Though the had not, VOL. II.

to all appearance, lost above twelve ounces of blood, yet as the discharge seemed to increase, I broke the membranes the next pain; a large duantity of waters was discharged, and the child's head was forced more backwards, towards the upper part of the pelvis. I likewife felt the os internum loofe and foft; and as it was no longer kept on the stretch by the membranes and waters, the became perfectly eafy, had no pains for a long time, and the flooding entirely ceased. Before the membranes were broken, she had felt a strong propensity to fleep, which the pains prevented; but now I ordered her to be undressed, put in her naked bed, and kept quiet, that, if possible, she might enjoy fome natural repose. She accordingly rested, and was refreshed. As for the blood the had loft, the was rather benefited than injured by the discharge; for she had for fome weeks complained of drowfinels, fulnels in her eyes, with pains and giddiness in the head; which were now removed, infomuch, that she declared herself much more light and eafy. I defired the midwife to indulge her in her repose, and when the pains should return, to let the labour proceed in a flow and easy manner, allowing time for the head to stretch the vagina and external parts; and I told her, that the patient being strong and healthy, nothing else was necessary, but that he should frequently drink weak caudle, broth, or barleywater, to encourage and support a plentiful perspiration. I was afterwards informed, that the flept feveral hours, and upon the return of the pains was fafely delivered by the midwife.

C A S E IV.

In the year 1750, I attended a gentlewoman, though not in labour of her first child, who suffered all the complaints described in the preceding case, except the slooding. By my advice, she lost eight ounces of blood, and was immediately relieved: but the labour being retarded by the rigidity of the membranes, though the child's head was pretty far advanced in the pelvis, they were broken; and in two or three pains after, the woman was delivered.

NUMB. II. CASE I.

From the Rigidity of the MEMBRANES when not protruded by the WATERS.

In the year 1745, I was, about four o'clock in the morning, called by a midwife, to a woman whom she had formerly delivered with ease; but now she had been in strong labour for many hours. She said, the waters had been draining off for the space of three hours, and she had every pain expected the delivery, which she supposed was retarded by the child's being large and dead. I found the child's head about two-thirds down in the pelvis, and during every pain perceived the discharge of a very little water, which I at first mistook for those of the uterus. But, upon the cessation of a pain, raising the head a little with my fin-

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ger, I observed a large quantity was discharged from the bladder; and when I selt for the hair of the scalp, I sound the membranes smooth and unbroken. I again raised the head, that the patient might discharge more urine, and then the membranes split. By the next pain, the head was forced down to the os externum; and in a very little time the child was delivered.

CASE II.

In the fame year, I attended a woman in labour of her first child, and could feel no waters, though the head and membranes had gradually opened the mouth of the womb, and were forced down to the middle of the pelvis; where, however, they remained near two hours. As I could infinuate my finger all-round the under part of the child's head, felt the ear at the os pubis, and distinguished the futures, I concluded that the head was not large nor the pelvis narrow; but that this delay must proceed from the rigidity of the membranes. These, therefore, during a pain, I endeavoured to wear thin, by rubbing them with the edge of my nail, which was fmooth and short: accordingly, in time of the next pain, they fplit upon the head, which was immediately forced down to the os externum; and this being gradually dilated, the child was delivered.

I have been concerned in many cases of the same kind, where labour was retarded by the rigidity of the membranes; but as I have frequently

quently known tedious and lingering cases proceed from too much precipitation in breaking the membranes, I choose rather to err a little on the other extreme, provided the patient is in no danger from weakness or flooding.

NUMB. III. CASE I.

From the MEMBRANES breaking too foon.

In the year 1742, my attendance was befpoke to a patient who was very fat and unwieldy. She had been taken with very flight pains, and the membranes breaking, a great quantity of waters was discharged; upon which being called in a great hurry, I found the mouth of the womb open to about the breadth of a fixpence, and thin though rigid. She had been, five years before, delivered of a child which followed immediately after the rupture of the membranes, and she now expected the same expeditious delivery. I told her that there was a great difference between that labour, occasioned by the long interval, by her present corpulency, and the precipitate difcharge of the waters, which might render the case more tedious; though, as the pains were trifling, and the child presented fair, I encouraged her to exert her patience, to banish all anxious thoughts, and avoid all manner of fatigue; and as she was costive, I prescribed a glyster, which had the defired effect. After this period, she continued three days and three nights in a lingering kind of labour, be-

fore the mouth of the womb was sufficiently dilated; fo that I was obliged to give her an opiate every evening, and direct her to referve her strength by lying mostly in bed. The os internum being fully opened, the pains grew stronger, and she was soon delivered of a very small child.

CASE

In the year 1745, I was called to a poor woman who had been two days in labour of her third child, and found the os uteri open to about the breadth of a shilling, the lips being thick but foft; the membranes were broken, the child's head rested at the upper part of the pelvis, and the patient laboured under a loofeness, which probably had brought on some flight pains. She had been attended by a person of no education or practice in midwifery; who finding the membranes broken, imagined it was his business to promote the delivery with all possible expedition; and with that view, fatigued the patient excessively, by ordering her to walk about and bear down with all her force at every inconfiderable pains from might the warming

The woman being quite exhausted, I directed her to be put to bed and kept quiet, and leaving a gentleman and midwife, who at that time were my pupils, I defired them to give her five grains of the pilulæ saponaceæ, and repeat the dose once or twice, if there should be occasion. By these means she was freed of pain, procured rest, and recovered her ex-

hausted

hausted spirits. She continued easy for two days, except in time of some slight pains, which every now and then recurred, and during which a small quantity of the waters continued to be discharged: but on the third night, the pains increased, the os uteri became softer, and was more and more dilated by the child's head; which advancing, plugged up the parts, so as that the dribbling of the waters ceased; and in a very little time the woman was fafely delivered.

C A S E m.

Soon after this occasion, I was called to a labour by a gentleman of very little experience in the practice of midwifery, who, taking me aside, told me he was just going to deliver a woman whom he had attended a night and a day; and that, as his character was not established, he thought it advisable to have a person of the profession present. Indeed I was struck with his apparatus, which was very extraordinary, for his arms were rolled up with napkins, and a sheet was pinned round his middle as high as his breaft. His intention was to turn the child and deliver footling; and he defired me to examine the woman, that I might fatisfy the friends of the necessity he was under to take this step immediately, for the preservation of the mother and the fruit of her womb. I felt the os internum open to the breadth of a crown-piece, and the head presenting; and after having fully informed myfelf of every circumstance necessary

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to be known, I concluded that the labour had been rendered tedious from the premature rupture of the membranes. I then gave the gentleman a friendly advice in private; in consequence of which he laid aside his working dress; and as the woman, who was strong, had enjoyed no rest the preceding night, an opiate was administered. She slept several hours, and was refreshed, and towards morning, the pains returning, delivered the child and fecundines. I have affifted in a number of fuch cases, where, by a cautious management, the parts were gradually opened, and the woman fafely delivered. In many women, I have known the membranes broken feveral days. weeks, and even months, before labour; and, provided they were not much weakened, they have been delivered with ease. In my practice, this case has chiefly prevailed among fat women, and may perhaps be owing to laxity.

CASE IV.

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Communicated, by Dr D' URBAN of Richmond, in Surry.

In the year 1750, he was called to a woman in labour, near Norwich. The waters had been drained off for two days, during which she had enjoyed no rest. She was very weak and low-spirited, had violent retchings with a singultus; and when he examined, he found the child's head presenting. He directed her to be put to bed, prescribed an anodyne draught, in consequence of which she had a refreshing sleep of two or three hours; then the pains, which were weak before, grew strong and more frequent, and the woman was

fafely brought to bed.

He fays, he could have delivered with the forceps; but followed my advice, which was never to use them but when they were absolutely necessary. The same method he has successfully used upon several occasions.

CASE V.

I was called to a patient in labour of her first child. The membranes broke in the evening, and she had frequent pains all night; but would not allow me to examine till about eight o'clock next morning, when I found the child's head resting above the pubes, and the os uteri foft and lying loofe, as if it had been pretty largely opened before the membranes broke: but the vagina was very straight as well as the os externum. She enjoyed no rest all night, the pains grew excessively strong and frequent, and the child's head had not advanced in the least. Being apprehensive from her violent complaints of the abdomen. that the uterus would burst by such strong efforts, I prescribed a paregoric draught to allay the violence of the pain and procure fleep. As she had been used to take opiates, the dose amounted to thirty drops of the Tinct. Thebaic. with 3ij. Syr. de Meconio, and some fimple cinnamon-water. This prescription had the defired effect: the flept feveral hours, tho' every now and then her fleep was interrupted K s

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by a strong pain. About twelve that night. when the effect of the opiate was wore off, her violent pains recurring, I was allowed to examine again; and finding the head still in the fame fituation, the draught was repeated. This kept her tolerably easy till eight in the morning, when the pains returning, it was again administered: for the same reason it was repeated at fix in the evening and four in the morning. About eight, I was permitted to examine the third time, when I felt the head pitched down in a lengthened form to the middle of the pelvis: but the lower part of the vagina was still very narrow, as well as the os externum, and time was required for dilating both, and for pushing down and elongating the head, which was large. At the beginning of labour she had some loose stools, but made no water for three nights and two days: fo that when the effect of the opiate ceased, the diffention of the bladder aggravated the agony of her sufferings; yet no persuasions would induce her to let me draw off the urine, and I was again obliged to repeat the opiate. Her strong pains, which every now and then recurred, the endeavoured to suppress, lest I should defire to examine, and would allow nobody to be with her but the nurse. At length I was, in the evening, fuddenly called from another apartment, and finding the head almost delivered, I had just time to prevent the laceration of the external parts. I felt a languid motion in the veffels of the funis; but rould not, by all the usual methods, bring the child

child to breathe. I brought away the placenta. found the uterus in a right state, and immediately drew off a large quantity of urine with the catheter. Nevertheless, I was obliged to repeat the draught four or five times in fourand-twenty hours, because she could neither rest nor fiveat without it; her pulse flagged, and her spirits funk, and no other cordials had the least effect. After delivery, her wine was obstructed for three days, and for eight weeks afterwards the loft the power of retention, which, however returned with her ftrength. As for the child, it was probably lost by her timorous disposition, in confequence of which she refused all affistance at the latter end of labour.

COLLECTION XVI,

recit bedances if

Of Lingering and Tedious LABOURS.

NUMB. I. CASEL

From the Forebead's being prevented from furning backwards into the lower and concave part of the SACRUM.

[Vide Tab. XIII. and Sect 3. No 3.]

N the year 1749, I was called to a woman who had been long in labour of her first child, and was naturally of a weak and delicate constitution. On that account, the midwife told me she had kept her mostly in bed, and

and done nothing to fatigue her. She faid the labour had gone on very well, though the pains were flight and at long intervals; and that fince the discharge of the waters, the child's head had advanced flowly to the external parts, where it had stopped for a considerable time. This account I found true upon examination. A glyster had been admini-

ftered with good effect, and the patient had enjoyed a good deal of fleep between the pains: but finding her pulse rather too weak and languid, I directed her to take two spoonfuls of the following mixture every half hour.

B. Aq. Cinnam. ten. Ziv B. Spirituof. Sal. Vol. C. C. DB. Conf. Cardiac. Di. Syr. Simp. 3B. M.

I attended fome time without perceiving that the head advanced to open the os externum. I felt one of the ears at the os pubis, the lambdoidal croffing the end of the fagittal future at the lower part of the right os ifchium, and the fontanel on the opposite side at the upper part of the left. I perceived that the pains had not force enough to move the occiput from the right ischium, so as to pass under the os pubis, and the forehead from the opposite side to the hollow of the os facrum; I therefore, during the next pain, introduced my fingers towards the child's left temple, and turned the forehead backwards to the os facrum. The narrow part of the head being now towards the fides and lower part of the pelvis, the vertex immediately advanced forwards, gradually opening the os externum du-

ring

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ring every pain; and the woman being fafely delivered, the placenta separated slowly, and was discharged in about half an hour.

CASE II.

In the year 1744, I was called to a woman in labour of her first child, and found a midwife and another male practitioner in waiting This last gave me to understand, that when he came the patient had been a long time in strong labour; that after the mouth of the womb was fufficiently opened, the membranes had broken, and the pains gone off for some time, though they returned with greater violence, and forced down the head to the lower part of the pelvis, beyond which fituation it had not advanced in a whole hour: that he had attempted to deliver it with a lack or fillet, which he had procured as a great fecret; but the head being large, he could not fix it properly, neither could he, after repeated trials, bring the child by the feet: fo that he concluded there was an absolute neceffity for opening the head. Upon examination, I found the head in the same position as that described in the preceding case, or rather higher in the pelvis. The pains were tolerably strong, the woman's pulse was much more quick than is usual, even in time of pains. She complained of a violent headach, laboured under great drought, and her skin was very hot and dry. Of these complaints, however, the was relieved by lofing ten ounces of blood from her arm, I told the gentle-

man,

man, that as the patient was strong and the pains continued, we ought to wait the efforts of nature, without using either forceps or fillet, which I never applied, except to affift nature when she was too weak. When I examined again, I found the head lower down, and moved the forehead backwards towards the os facrum: fo that the crown of the head advancing, opened the os externum, and the patient was foon delivered of a child of an extraordinary fize. But the fillet having galled and torn part of the hairy scalp from the occiput, was the occasion of a violent inflammation, of which the child died in a few days. The mother, however, recovered tolerably well; and fince that time has had pretty eafy labours.

CASE III.

In the year 1750, I was called by a midwife to a very fat woman, near the age of forty. in labour of her first child. The membranes had been long broken before I came; and I understood that the friends, being uneafy, had fent for a gentleman of the profession, who, in attempting to deliver the patient, faid he had broke his instrument, and went home in order to fetch another; but instead of returning, he fent a message, importing, that he was obliged to go and attend another woman. Her pains being strong, the os externum and lower part of the vagina were gently dilated; and the forehead being moved backwards at the fame time, the head advanced.

vanced, and the woman was delivered in about half an hour after I arrived.

There was a very fmall opening through one of the parietal bones of the child's fkull : vet none of the cerebrum was evacuated, tho' a great deal of blood was discharged, notwithstanding the application of proper compreffes; and the poor child died moaning, in five or fix hours after its birth.

CASE IV.

In the course of the same year, I was called by a gentleman who had formerly attended me for a fhort time, in behalf of a woman whom he had attempted to deliver with the forceps. He faid, he was fure they had been properly applied; that he had pulled with great force, without being able to move the child's head; and that the woman was in such imminent danger, he did not believe she could live until we should reach the house. Notwithstanding this declaration, I found her pulse strong and good, as well as the pains; and that not above one-third part of the head had come down into the pelvis. I likewise understood she was used to have tedious labours. proceeding, in all probability, from the small fize of the pelvis. I privately convinced the gentleman of his error; observing, that as the pains were good, no force ought to be applied; that the forceps would never succeed, except when the head was come lower down; and even then ought not to be used, unless the woman was in danger from weakness and want

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want of labour-pains. We prescribed a mixture, to amuse the patient; and in about five hours she was safely delivered.

NUMB. H. CASE I.

Of the VERTEX presenting, though low in the PEL-VIS, the Forehead being towards the OS PUBIS.

[Vide Tab. XX. XXI.]

In the year 1747, I was called by a midwife to a woman whom she had attended near two days, and whose former labours had been very eafy: from which circumstance she inferred, that in this case the child was of an extraordinary fize. I found the fontanel towards the left groin, and the lambdoidal crossing the fagittal future at the right side of the os coccygis. The os externum I gently opened during every pain, raifing the head a little when the pain began to abate, and moving the forehead to the left fide of the os facrum. As the next pain increased I withdrew my hand, which was followed by the child's head; and the woman was in a little time delivered.

CASE II.

In the year 1744, I attended a gentlewoman who had been easy in her former labours. When I was called the membranes were broken, and the mouth of the womb was largely open, though the head advanced very slowly. At length, feeling the vertex at the lower part of

of the coccyx, and the fontanel below the pubes, I attempted, but to no purpose, to raise the head; and move the forehead to the right side of the pelvis: yet when I withdrew my hand, the head was forced lower down by a strong pain; the vertex protruded the perinæum and posterior parts, in form of a large tumour; the forehead, sace, and chin, turned immediately out from below the pubes; and the vertex was raised upwards, with an half-round turn, from the perinæum and posterior parts. The child was small, and cried as soon as the head was delivered, even before the body was extracted.

NUMB. III.

From the Presentation of the FONTANEL.

I HAVE often been concerned in cases where I found the fontanel presenting: they commonly proved tedious and lingering, though the delivery was generally effected by the labour-pains, and the child's head sometimes appeared in form of a sow's back; a circumstance, in all probability, owing to the pressure it sustained in the pelvis, while it advanced in that unusual way. Sometimes, in these lingering labours, I have, by raising up the forehead with my singers, altered the position, so as to let the vertex sink lower down; particularly in the following instance.

CASE I.

In the year 1750, I attended a gentlewoman,

man, whom I had formerly three times delivered, after she had easy labours. The os uteri was now fully open, and the membranes broke foon after I arrived; yet the head did not advance as usual, but rested at the upper part of the pelvis. As she had been long fatigued with fevere and fruitless pains, I examined the polition of the head more narrowly, and plainly perceived the fontanel prefenting in the middle; but I could not certainly discover how the forehead lay, until I had gradually opened the os externum during the pains. I then found that the vertex was to the left fide, and the forehead, with the face, to the opposite part. As she lay in bed, upon her left fide, I could not fo eafily affift in that position: she was therefore turned on her back, her head and shoulders being raised a little with pillows, and her knees held up towards her belly, as she lay across the bed; for her pains were also stronger while she continued in this posture. In the beginning of a pain, I gently introduced my right hand into the vagina, and raised up the forehead and face; and the pain increasing, I withdrew my hand, and found the vertex fink down to the lower part of the left ischium. In a few pains the forehead turned backwards, the hindhead came out below the pubis, the os externum was gradually opened, and the child fafely delivered.

NUMBIV. CASE T.

From the Presentation of the FOREHEAD,

[Vide Tab. XXII.]

In the year 1747, I was called to a woman in labour, by the friends, who were uneasy at the lingering case, and imagined the midwife kept her in hand, because she had been feveral times delivered by another midwife, and her labours were easy. I understood the os uteri was fully opened, and the membranes had been broken feveral hours: that the child presented fair, and the pains were strong; yet the head had advanced very little, though, fince I had been fent for, the child had descended considerably lower in the pelvis. Upon examining in time of a pain, I really imagined the vertex presented, and thought I felt the fontanel to the fide, as in other cases; but when the head advanced in consequence of the succeeding pains, and protruded the perinæum and posterior parts, I felt the eyes and nose on the contrary side, towards the lower part of the os ischium. In another pain or two, the os externum being fufficiently dilated, the face turned in below the os pubis, over which the chin turned upwards; the fontanel, vertex, and hindhead were raifed, and came out with a femicircular turn from the perinæum and parts below, and the body was delivered by the same pain.

The child was small and dead; its forehead was raised up in form of a sugar-loaf, the ver-

tex being pressed slat, and the face and hairy

fcalp very much fwelled.

The mother, for feveral days after delivery, complained of great pain in her back and at the pubes, which feemed to proceed from an over-straining of the ligaments at the juncture of the bones; but by lying quiet, and drinking plentifully of warm and weak diluting fluids, she enjoyed profuse sweats, and soon was freed of these complaints.

CASE II.

In the following year, I affifted in a fimilar case, where the head was high up, and had long rested at the brim of the pelvis. At first I thought it prefented fair; but as it did not advance for feveral hours, notwithstanding the strong pains, and I was told that the patient had been delivered of her fecond and third child before the midwife could reach the house, I concluded that the head did not prefent in the common way, and introduced my hand flowly into the vagina, as she lay on her left fide. Finding the forehead presenting with the face to the right ilium, I pushed it up to that fide, and as I withdrew my hand a little, still pressed it up with my fingers, that it might not return before the next pain, which forced down the vertex from the opposite side; then the head descended gradually, and the woman was delivered in a few the heat the flat had blide out?

N U M B. V.

From the Presentation of the EARS.

I HAVE known a few cases in which the ear presented; and when the child was not large, the pains commonly altered the position, by forcing down the vertex, and the patient was easily delivered. This was commonly the case, too, when the fontanel presented: but when the head was large, the labour was more tedious and lingering; upon which occasion I usually pushed up the head so as that the vertex might advance, particularly in the following instance.

CASEI.

In the year 1749, being called by a midwife, to a woman who had been long in labour, I introduced my hand into the vagina, and finding the ear prefenting, could perceive, when I raifed the head, neck, and shoulder, to the back-part of the uterus, that the upper part of the head lay over the pubes, the face being to the right side. As all the waters were discharged, it would have required great force to turn the child so as to bring it by the feet: I therefore raised the head higher, forcing the forehead upwards, and the vertex coming in as I withdrew my hand, the child was presently delivered.

NUMB. VI. CASE I.

From the Presentation of the FACE, of the SHOUL-

[Vide Tab. XXIII.]

In the year 1740, being called to a woman who had been a great many hours in labour, after the mouth of the womb was fully opened, and the waters discharged, I found the head low down in the pelvis, the face presenting, the chin at the lower part of the pubes, and the cheeks fo excessively swelled, that at first I imagined the breech presented; until examining a fecond time with my fingers, I felt the mouth, eyes, and nofe. When the friends asked if the case was dangerous, I precipitately answered, that there was no great danger but that of losing the child, which might be faved if the mother was foon delivered. They replied, that provided the mother was fafe, the child was of no great consequence, as she had already more children than she could well maintain. The patient told me, she felt the child flir every now and then; and indeed I plainly felt its motion by laying my hand on her belly. However, as every body present declared against my giving any assistance, and were fatisfied with my telling them that the woman was in no immediate danger, I left her to the care of the midwife, who indeed had opposed my being called. I could easily have delivered her with the forceps, and ought

to have faid, in general, that there was danger in the case. I knew the child's head was small, and that the delivery was retarded either by the navel-string or the contraction of the lower part of the uterus round the neck, or before the shoulders; for the head was pull-

ed up as the pains abated.

This visit I made in the afternoon; and the child was not delivered till the evening, when I was called again in a great hurry to bring away the placenta, which was easily extracted. I examined the child, which was dead, and found its head squeezed to a great length, the face and neck being much swelled, and of a livid colour.

CASE II.

In the year 1744, I examined one of the poor women, attended by my pupils, in labour of her first child, which lay very high, and I thought I felt the breech prefenting. The membranes had broken when the mouth of the womb was dilated to the breadth of half a crown. The pains being flight and the woman strong, I defired the gentlemen to let the breech be pushed down gradually, and flowly dilate the os internum; and, in the mean time, I left a midwife to attend, and directed her to give us notice when that difatation should be effected. In about three hours I was called again'; and understood from the midwife, that after the mouth of the womb was fully opened, the child descended very fast, presenting at first with the cheek, but that now

she

the plainly diftinguished the face. When I examined, I found the chin down to the lower part of the left ischium, and turned up below the pubis. In a few pains, the os externum being sufficiently dilated, the forehead and vertex turned up from the perinæum, and the woman was immediately delivered of a small child, before any of the pupils arrived.

C A S E III.

In the year 1748, I was called to a woman in labour, by a midwife, who told me she found the opening of the child's head below the share-bones, and imagined the child came wrong, with the forehead to that part. At first when I examined I was of the same opinion; but during the next pain, which was very strong, I found the head was pushed down much lower at the back-part of the pelvis. Feeling at that part, with my finger, for the lambdoidal future, I plainly diffinguished the face, and the chin backwards at the coccyx. In two pains more, the face and forehead protruded the posterior parts in form of a large tumour, the perinæum and fundament were greatly lengthened, the vertex and occiput flipped out from below the pubes: then the forehead and face turned up from the perinæum, which being thin, I supported it with my hand, and the woman was delivered of a small child. Her pelvis was large, and the used to have very quick labours.

A S E IV.

In the year 1749, I attended a gentlewoman, whom I had twice before delivered, after tedious labours, proceeding from the largeness of the children and the small fize of the pelvis. When I was called on this third occasion, the mouth of the womb was open to about the breadth of a crown-piece, the membranes and waters were very tenfe during a pain, but being relaxed, when that abated, I felt fome part of the child, though more unequal than the apex of the head. Having waited till by degrees the membranes had fully opened the parts, and were pushed down to the lower part of the vagina, I examined again, and felt the child's face presenting through the membranes. Reflecting upon her former tedious labours, and forefeeing, that if I allowed the head to come along in that polition, the patient would fuffer, and that if I should bring it by the feet, the child might be lost; I directed her to be laid on her back. with her breech to the foot of the bed, and fupported with pillows, between a fitting and a lying posture, on pretence that the labour would be favoured by fuch a fituation. While a woman fat behind supporting her head, and one on each fide held up her legs and knees, I gradually dilated the os externum during the pains, until I could introduce my hand into the vagina. In pushing it farther up, I felt VOL. II. the

the membranes break; but, my hand still advancing, the os externum was plugged up by the lower part of my arm, which hindered the waters from being discharged, until feeling the chin to the right, and the forehead to the left side, I raised this last upwards, grasping the vertex, which was now lowermost, with my fingers and thumb. I then gently withdrew my hand a little, to let the waters pass, that the uterus might be contracted, and keep the child in that position. Finding this expedient fucceed, I drew forth my hand, when the patient thought the child was delivered. However, I convinced her that what I had done was absolutely necessary, and that she was now in a fair way of delivery, provided the would exert that courage and patience which had supported her in her former labours. Nor was I difappointed in my prognostic; for this delivery was much quicker than those she had experienced before.

CASE V.

In the year 1751, I was called to a woman in labour, by a midwife who had formerly attended my lectures: she informed me that the mouth of the womb was largely open; and although the membranes were not broken, she could find something like a hand and singers: she likewise told me, that the woman was straight made; that she had delivered her once before, when the labour was very tedious, and the head of the child, which was dead-born, squeezed to a great length. I found every thing

thing as the deferibed, and felt, befides, fomething like the shoulder or hip, which I was certain could not be the head. As her former labours had been difficult, and I was afraid the child would be loft, should it be brought by the feet, I resolved to seize the opportunity of trying to bring in the head, fince the membranes were not broken. I accordingly acted pretty much in the fame manner as in the preceding cafe; but found greater difficulty in bringing in the head, which was more flippery and large than in the former instance: besides, I lost a great quantity of the waters, by being obliged, after I had pushed up the shoulder, to withdraw my hand a good way before I could bring in the head, and in attempting to raife up the hand that came down with it. The vertex being turned down. and one of the ears towards the vertebræ of the loins, I withdrew my hand, when the forehead with the right-hand was to the right, and the occiput to the left fide of the pelvis, and the pains ceased for some time, as usual, after the membranes are broken. Having now encouraged the woman, by telling her that the child presented fair, I took my leave; and in about three hours she was fafely delivered, though not without very strong and fevere pains.

C A S E VI.

In the year 1752, I was called to a woman, whom I had before delivered of a child that presented wrong, though I could not save it

by reason of her narrow pelvis. On this occafion, the had been subject to frequent, though flight pains, the day before I faw her; towards morning the membranes had broken, a fmall quantity of the waters was discharged, and she had no more pains till my arrival. Upon examining, I found fome part prefenting, which could neither be the head nor breech, and I afterwards discovered to be the breast. As the pains had ceased. I was in hopes that some of the waters was left in the uterus, although the membranes were broken; and going to work as in the two former cases, brought in the vertex, with great difficulty, occasioned by the flipperiness of the body and head, which last was, after many efforts, and the return of strong pains, squeezed down in a longitudinal form, and the woman fafely delivered.

In these cases we are seldom called in by the midwives before the membranes are broken, otherwise we should, in preternatural positions, have a better opportunity to bring in the vertex, when the pelvis is so small, or the head so large, that the child cannot be saved,

if brought by the feet.

C A S E VII.

Communicated by Mr HARGOOD, in a letter dated at Chatham, 1751.

When he was called, the midwife told him the waters had been discharged several hours; and he found the face presenting low in the pelvis, the chin being towards the right ischium. ischium. After she had undergone several pains, which did no fervice, he refolved to deliver with the forceps; but just when he was about to apply them, she was seized with a strong pain, during which he assisted with his fingers in moving the chin towards the pubes, and the child was fafely delivered.

A S E VIII.

Communicated by Mr Cook, Sept. 26. 1752

I was called to a woman in labour, and felt the child's face presenting. I understood that the had undergone two tedious labours before, though the children were very small; whence I concluded her pelvis was narrow, and in paffing my hand into the vagina, I found it fo. Upon which I laid afide all thoughts of turning the child and delivering by the feet, as I should have done had the pelvis been large. The face being high up, and her pains very strong, I waited to see if they would bring it lower down; and in about fix hours my expectation was answered, the chin being at the left ischium. I then, during the pains, endeavoured to raise it to the os pubis with my finger, and in that manner the child was delivered. The head was squeezed into a long form, the parietal bones were pressed one over another, and on one fide of the head was a very deep impression formed by the jetting in of the os facrum. The face was very much bruifed and swelled, and the child dead. I prescribed an opiate for the woman who had L 3

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undergone great fatigue; she enjoyed good rest, and did well.

COLLECTION XVII.

Of tedious Cases from the Rigidity of the Os INTERNUM, VAGINA, or Os EXTERNUM; as also from the wrong position of the mouth of the Womb.

NUMB. I. CASE I. Of the Rigidity of the Os Uters.

N the year 1721, I was called to a woman turned of forty, in labour of her first child. who, though, by her own and midwife's account, she had three or four weeks to go, had been in a kind of lingering labour for two days. At fix in the evening the membranes broke; and as the lived at a diffance, I could not be with her till about four next morning; when the midwife told me, that after the membranes broke, she had every now and then a strong pain, but that the mouth of the womb was not opened as usual by these pains, and she was afraid that the womb and all together would be pushed out of the body through the os externum. Upon examining in time of a pain, I found the mouth of the womb open to about the breadth of half a crown, but thick and rigid, and forced about half an inch without the os externum, which was pretty much

much dilated, and I felt the child's head prefenting. There was an intense heat at the mouth of the uterus, and she complained of great pain in that part, even in absence of the labour-pains. She was of a strong and healthy constitution, though of a thin habit: her pulse was quick, full, and hard; her skin hot and dry: the laboured under a fevere drought, and I understood she had from time to time swallowed cordials to assist the labour. fuch as white-wine and malt-spirits. Having confidered the circumstances of the case, I coneluded that the difficulty of delivery was owing to the rigidity of the os internum; for the had lain chiefly on the bed, without having been fatigued; that the head was but fmall, because it had pushed the mouth of the womb fo low down, and that the fever was owing to an indifcreet use of spirituous liquors. In consequence of these reflections, she was blooded at the arm to the quantity of twelve ounces. directed to drink plentifully of barley-water, kept in bed, lying on one fide, her breech being raised a little higher than her body, and during every pain I kept up the uterus and head with my fingers, fo as to refilt and abate the violent force of the pains. By these means fhe was greatly relieved; enjoyed between whiles gentle flumbers and plentiful fweats: the mouth of the womb turned more foft, and yielding, and when largely dilated, I pushed it gently up with my fingers all round the head, which at last glided easily along, and was delivered. I took the fame precaution L 4 in in delivering the shoulders and body, desired the midwife to confine her to bed longer than the usual time, and advised her to abstain from any violent exercise for a considerable time after she should be able to walk, in order to prevent a prolapsus uteri. I was afterwards informed that she recovered very well, without being exposed to any such complaints in the sequel.

CASE II.

In the year 1746, I attended a patient near forty, in labour of her first child, who had been afflicted with a prolapfus uteri, fince her last pregnancy. When I was called, she had fome flight pains, the mouth of the womb was very little open, feemed thin and rigid, and was fituated more forwards in the vagina than is commonly the case; the child's head was pressed low down, and seemed small, but I could feel no waters. Her pulse being very quick, she was blooded to the quantity of eight ounces; an emollient and laxative glyster being injected, discharged a great quantity of hard fæces; and as she had enjoyed no fleep that day or the preceding night, I prescribed an anodyne draught, and directed her to drink plentifully of barley-water. These expedients succeeded to my wish; she slept and sweated during the greatest part of the night, and I was called again in the morning, when the pains grew stronger and more frequent. I then found the mouth of the womb much more open, though pushed down without

without the os externum; I likewise felt between my fingers the hair of the child's head, though the patient was not fenfible that the membranes were broken, or the waters drained off. During every pain, I kept up the child's head; and the mouth of the womb. which I gradually dilated with my finger, till being fully opened, it easily slipt up all round the head; and this afterwards opening the os externum by degrees, was fafely delivered.

CASE III.

In the course of the same year, I was bespoke to attend a woman who had been subject to tedious labours, When called, I found the child's head pushed down to the anterior and inferior part of the uterus, fo much at the fore-part, that it was fome time before I could feel the mouth of the womb, which was tilted backwards and upwards to the upper part of the os facrum. In a few pains, the head pushed down the uterus below the pubes, to the os externum, when I felt the os uteri very thin and foft; and the patient complained of great pain from this protrusion of the lower part of the womb by the head. However, she was in a great measure relieved by my pressing against it with my fingers. At the same time, introducing the fore-finger of my other hand into the mouth of the womb, I brought it forwards to the pubis, and kept it in that position during feveral pains, which gradually dilating it, the head was pushed lower and lower.

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and by degrees I shut up the mouth of the womb, betwixt the pubes and head, which afterwards made very quick advances, and was foon delivered.

CASE IV.

In the year 1747, I attended a woman in labour of her first child, whose belly was pendulous, and hung forwards over the pubes. (Vide Tab. XII.) When I came she was pretty strait-laced, the pains were strong, the membranes pushed down with the waters, the os internum was backwards and high up, felt thick and rigid, and was opened to about the breadth of half a crown. I directed her to unlace, defired the nurse to make the bed so as that her breech might lie higher than her shoulder, and to raise up the belly with her hands in time of a pain. The mouth of the womb was gradually dilated, the membranes broken, and the child's head advanced lower in the pelvis; but the os internum remaining still backwards, and the head pressing down the lower and anterior part of the uterus, I was obliged to affift, as in the former case, until the head was forced down, though it dilated with great difficulty, and to ftretch the os externum, from time to time, before the child could be delivered.

CASE V.

I was called to a patient not above fifteen years of age, in labour of her first child, and found the head of the child presenting, and that

that the membranes and waters, after having flowly dilated the os internum, advanced quite to the os externum, which I hoped they would open also; but they broke just as they arrived at the part. Then the head advanced and pushed out the lower parts, in form of a large tumour, the perinæum being very thin, and stretched to the extent of five fingers. Nevertheless, the os externum was very little dilated. and the pains were fo ftrong, that I was obliged to press the flat part of my hand upon the parts, to prevent the fourchette from being torn, and by refisting the force of the head against the os externum; allow it time for gradual relaxation. The pains continuing to return every five or fix minutes for the space of an hour, without any alteration, I found it neceffary to prescribe an opiate to restrain them, that I might have time to lubricate with pomatum, and dilate gently with my fingers. By these means; the os externum was gradually stretched so as to allow the head to pass without any laceration of the parts.

CASE VI.

About the same time, I attended another patient, though not so young, and the labour proceeded much in the same manner: but after having guarded the parts, in order to prevent laceration, during a few pains, I withdrew my hand to take some pomatum, for lubricating the external parts. In that interval a strong pain returned, contrary to my expectation; and, before I could replace my L 6

hand, the child's head was delivered, and the perinæum torn quite to the anus. This accident was owing to my hurry and precipitation, in confequence of which I passed my hand on the outside of the sheet; and before I could disentangle it, the damage was done.

Ever fince this misfortune, when I attend women in labour of their first children, I always turn up and pin the upper sheet to the bed-quilt, as the child's head advances to the

lower part of the pelvis. a talk and are to a long

C A S E VII.

Communicated by Dr Austin of Edinburgh, in a letter dated 1749.

HE was called to a young woman in labour of her first child, who had acute pains from Tuesday till Saturday night, when she was delivered. All that time the child's head was fqueezed in the pelvis, and for twenty-four hours the bones rode one another in the vagina. About two hours before the was laid. he attempted to introduce the forceps, which, however, he declined ufing, because the pains became ftronger, and he imagined the child was dead. Indeed, to all appearance it was still-born; but in a few minutes he was agreeably furprised to find it alive; and both the child and the mother did well. Two days after delivery, he extracted from the woman five English pints of urine with the catheter. na hin the control of the same of the

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COLLECTION XVIII.

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Of lingering, or dangerous Cases, from Weakness, Anxiety, Frights, Floodings, Looseness, Convulsions, Fevers, &c.

NUMBI. CASE I.

From WEAKNESS.

IN the year 1743, I was called to one of the poor women whom my pupils attend in labour of her first child. She was young, and so excessively weak, from want of nourishment, that when we were called she feemed really expiring. Another patient, who lived in the fame house, faid, this young woman was an entire stranger, who had been taken in as a lodger the preceding night, and feemed to be in a starving condition; and at last the poor creature herself owned, that she had received no fustenance but water for the space of three days. She had been subject to fome flight pains all the former day and night; when I examined, I found the mouth of the womb largely open, the membranes broken, and the head prefenting; but the pains were at long intervals, and her weakness so alarming, that I immediately fent for a roll and some ale, which was qualified with a little fugar, nutmeg, and geneva; to which last I supposed the was accustomed, and therefore judged it was a better cordial than any other I could have prescribed from an apothecary's shop. Of this nourishment I directed her to take a very little at a time; and accordingly her exhausted spirits were gradually recruited, insomuch, that although the case was lingering and tedious, she was fafely delivered by the labour-pains.

CASE II.

In the year 1724, I was by a midwife called to a woman of a weak habit and melancholy disposition, occasioned by the excessive flooding which had attended a former delivery. She had become pregnant again before the recovered her strength, was seldom able to rife out of bed; and her stomach was for weak, that it could receive or digest but very little nourishment. The midwife told me her pains were so weak she was afraid she could not be delivered without affiftance; that the had enjoyed little or no fleep for the space of forty-eight hours, but had been subject to frequent faintings, from which she was with difficulty recovered; and, lastly, that the mouth of the womb was foft and a little open. I felt her pulse very low; and examining during a pain, which feebly protruded the membranes and waters, perceived the child's head: then bringing forwards with my finger the osuteri towards the pubes, I found it much more open than the midwife imagined, and felt fome indurated fæces in the rectum. I was also informed, that as the had an aversion to

all forts of nourishment, she eat very little; and feldom had paffage in her belly, and was

commonly collive: sea self hadden mist

I directed her to take frequently a tea cup full of chicken-broth, and, between whiles, a little of the weak cinnamon-water. A glyfter of the broth being thrown up, emptied the intestines; then half a-pint of the same, in which two grains of opium were dissolved, being injected, I defired that she might be kept quiet in bed, in hope of procuring her fleep, and take an ounce of strong cinnamonwater every four hours. By these means the faintings went off; she slept pretty well that night between the pains; and these gradually increasing, she was safely delivered in the morning,

CASE III.

In the year 1744, I attended a gentlewoman in labour of her third child. She was of an hypochondriac disposition, went seldom abroad; towards the latter end of pregnancy could hardly be kept out of bed; was, in the beginning of the eighth month, attacked with frequent retchings, fo as to vomit up every thing she eat or drank; by which complaint she was reduced to a state of excessive weakness from want of nourishment.

I ordered the nurse to inject about half a pint of beef or mutton broth by way of gly-fter, five or fix times a-day; to prevail upon her to rife frequently and walk about the Toom,

room, and likewife to go abroad fometimes in a coach.

By this method she recruited a little; and with the affistance of some mint and antihysteric water, she could keep a little broth in her stomach. I managed her much in the same manner as that described in the former case, in time of labour; which, though tedious, ended happily.

NUMB. II. CASE I.

From ANXIETY and GRIEF.

In the year 1747, I attended a gentlewoman in labour of her first child; who, a few days before, had been fo much affected with the fudden death of her husband, that she was feized with frequent faintings and great anxiety of mind. When I arrived, her pains were very weak; and the membranes had broken even before the mouth of the womb was much dilated. Although the child's head was finall, she continued three days in a kind of labour; yet by encouraging and supporting her with cordials and nourishing things, and indulging her as much as possible with rest, the was fafely delivered of a child; which feemed to have died foon after she heard the melancholy news of her husband's death.

CASE II.

In the year 1749, I was called to another gentlewoman, in the same circumstances, overwhelmed with anxiety in consequence of

her

her husband's death, which had happened about two months before her labour. I found her so low, and the case was so tedious, that I was afraid she had not strength to undergo the delivery: yet by the management described above, she was safely delivered of a weakly child.

I have attended many other women in labour, whose lives were endangered by great weakness, proceeding from various causes; yet by fuch management they were fafely delivered. Anxiety, misfortune, and difappointment, frequently reduce women in labour to the verge of death. Labour is often brought on by frights proceeding from different accidents; fuch as that of fire in the neighbourhood. The earthquake in the year 1749 produced feveral cases of this kind; and any thing that affects the passions to a degree of violence or transport, will have the same effect. On these occasions, if the child is small, delivery is sometimes performed of a fudden; but if the labour was begun before the patient was feized with the emotion, it commonly went off; nor did the pains return for a long time. However, if thefe frights, &c. are not attended with violent floodings, convulsions, or fevers, the patients generally recover, though fometimes the children are dead. Nay, even when those bad symptoms. have accompanied the case, I have known both mother and child happily faved.

NUMBIH. CASE I.

From FLOODINGS.

In the year 1735, I was called to a woman near her full time, who was feized with flooding and labour, in confequence of being frightened by a fire which happened in the house, as well as from the fatigue incurred by removing the furniture. When I arrived, the fire was extinguished, and I found her lying upon hay in a barn, losing blood very fast. The mouth of the womb being pretty largely opened, I immediately broke the membranes. which, with the waters, were pushed down in every pain, and the hæmorrhagy foon stopped: the patient was very cold from the feverity of the winter-season and the thinness of her covering. While I practifed in the country, I always carried in my pocket some spirit of hartshorn, tincture of castor, and liquid laudanum, in separate bottles. Of thefe, with the affiftance of some brandy and water, I composed a cordial and anodyne mixture, of which she took frequently two or three spoonfuls; and being accommodated with more cloaths from the neighbourhood, the recovered her natural heat, and at last enjoyed a plentiful sweat and refreshing repose. The pains were flowly augmented with long intervals; as her pulse and strength returned, the labour advanced; and although it was tedious, she was at last delivered. Yet her seep was afterwards interrupted by frightful

ful dreams of fire, and she often awoke in a delirium; fo that twenty days elapfed before the was out of danger. She had fuckled her former children; but had no milk after this delivery, and but a very finall discharge of the lochia; these evacuations being impeded by the disturbance of her thoughts. Her greatest danger, however, seeming to proceed from weakness, occasioned by the loss of so much blood, I thought the principal object of regard was the circulation, which was kept up by the cordials and restoratives; and as the was every now and then subject to shiverings, and laboured under a low weak pulse, I prescribed repeated doses of the bark, and the moderate use of French claret; from which the found great benefit.

When labour is brought on, and a flooding occasioned by such alarms, so that the patient is exhausted by the hæmorrhagy, this is either diminished or entirely carried off by breaking the membranes; and of late I have frequently fucceeded in floodings that happened before labour, by gently dilating the mouth of the womb with my finger, fo as to bring on the labour-pains, as in the follow-

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CASE H.

In the year 1745, I was called by a midwife to a woman feized with flooding, in the middle of the ninth month, though no visible cause could be assigned for this hæmorrhagy; and the had bore children before with very eafy

eafy labours. As the discharge was not fo great as to require immediate affistance, and her pulse was rather strong than otherwise, I ordered her to be blooded to the quantity of eight ounces, and to be kept quiet in bed. Being costive, she received a glyster, took frequently two spoonfuls of a mixture compofed of fix ounces of the tincture of roles, and about twenty drops of liquid laudanum. The flooding abated, and she rested tolerably well that night; but when she rose to have her bed made, some large clots were discharged with a little pain, and the flooding returned, tho' it was foon restrained when she lay down again. In this condition she continued for feveral days; during which, upon the least motion, fome clots or coagula were forced off from the vagina, and followed by a fresh discharge; which, notwithstanding all our efforts to encourage her and fupport her strength, gradually weakened her constitution. It returning one evening with greater violence, I was called in a hurry, when I found her low and dispirited, and her friends in great anxiety and consternation. I had previously informed the midwife and relations of the imminent danger that threatened the patient, if the flooding should not abate, or labour come on; and defired that some other gentleman of the profession might be consulted for their and my fatisfaction; however, this propofal they declined. Thus left to my own difcretion, and feeling the os uteri very foft, though very little open, I gently introduced

duced the tip of my finger in order to dilate it, and defired the patient to affift my efforts by straining downwards. This method being gradually repeated every now and then, the parts were opened to the breadth of half-acrown; and I produced some slight pains that returned of themselves. Notwithstanding feveral attempts, I could not break the membranes until, gradually stretching the os externum during every pain, fo as to introduce my hand into the vagina, I tried to advance my finger farther up; but not fucceeding, I infinuated the female catheter, which breaking through the chorion and amnios, the waters were discharged in great quantity, the flooding immediately abated, and the child's head was pressed down upon the mouth of the womb. She now lay eafy for a long time, without the return of a pain; during which interval she was nourished and supported by frequently receiving a little broth: but being afraid that there might be an internal flooding dammed up by the child's head, I defired her to force down, while I raised the head with my finger; and accordingly feveral coagula were discharged from the uterus. I then thought it advisable to bring on and encourage the pains; by stretching as before; and, to my wish, the parts were more and more dilated, the pains grew stronger, and at last the parient was safely delivered. During labour I frequently felt her pulse, which, instead of finking, rather grew stronger.

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In the year 1750, I was called to a woman by a midwife, who told me that the patient had been feized with a violent flooding, but labour coming on, the membranes had broken, and the hæmorrhagy was abated; but she had fent for me, because she found the navelstring in the vagina, and the woman was very weak, and had little or no pains.

Indeed the was to low that I could fcarcely feel her pulse; her lips were pale, and her extremities cold. I found the funis in the vagina, but could feel no pulfation: the child's head presented, but was kept forwards to the os pubis by the lower part of the placenta, which lay along the facrum; however,

the flooding was entirely stopped.

I immediately directed her to take some of the folution of portable foup; and hot bricks wrapped in flannel being applied to her feet and hands, in about an hour her pulse grew stronger, her extremities recovered their natural warmth, and the pains returned. Finding the head was hindered from advancing by the placenta, I brought down this last, and the patient was gradually delivered of a small dead child; but she continued so weak, that for many weeks after her delivery she was scarce able to walk about the room.

CASE IV.

In the year 1744, I was called by the friends of a gentlewoman, who had been feized with a flooding the preceding night. The midwife told me, that the mouth of the womb was open to the breadth of a crown-piece; that the placenta presented; that the pains were very flight and at long intervals; and that the flooding was then more violent than when she was called. I myfelf felt the pulse was not fo weak as one would have imagined, confidering the quantity of blood she had lost.

In this patient, who had formerly bore children, the discharge began to appear in the beginning of the eighth month, returning every now and then, when she ventured to go abroad; but, by the advice and affiftance of another gentleman, who was now obliged to attend another patient, it had been kept within bounds till this period, which was the be-

ginning of the ninth month.

As she would not permit me to examine, I privately advised the midwife to introduce her hand by degrees into the vagina, and feel all around for the edge of the placenta, at which part she might tear the membranes: she accordingly felt them at the left fide; and a large quantity of waters being discharged, the child's head advanced, preffing the under part of the placenta to the right fide. Then the pains increased, the head gradually dilated the os uteri, and being small, descended lower and lower, so that in a few pains the patient was delivered. The flooding abated when the waters were discharged, and was entirely stopped as foon as the head plugged up the os internum. From time to time I felt her pulse, which

which continued in much the fame state, or rather turned stronger; from which circumstance, I concluded there was very little, if any, internal hæmorrhagy; and her strength was kept up by her taking frequently a teacup full of broth, or wine and water.

ASE

In the year 1748, I was called by a midwife to a gentlewoman, whom she had formerly delivered of feveral children. This patient was taken with a small discharge of blood in the beginning of the ninth month, when I prescribed venæsection and a glyster; after the operation of which, she received a paregoric draught. But the discharge continuing for feveral days, though in a fmall degree, I examined and found the mouth of the womb very foft, placed fo high, and fo far backwards, that I could not perceive the placenta presenting, though I felt through the vagina and uterus that the child's head rested against the os pubis. As the discharge did not weaken the patient nothing was done; but I laid an injunction upon her, to refrain from going abroad. In about eight or nine days from this period, the was attacked with labour-pains; and the flooding increasing, I received another call, when I was informed by the midwife, that the mouth of the womb was largely open, that the waters had been discharged immediately before my arrival, that the placenta had come low down, but she could feel nopart of the child. A strong pain immediately fucfucceeding, I examined and found the placenta pushing through the os externum; and the delivery of this was immediately followed by that of the child, which was alive, although the placenta came first. The midwife told me, that when she found the placenta presenting, she was cautious of touching it with her singers, remembering, that when she attended my lectures, I had observed, that the death of the child, in flooding-cases, might be owing to its losing blood from the laceration of the cake.

CASE VI.

In the year 1750, I was called to a patient about the end of the eighth month of her fecond pregnancy. The midwife told me the waters had been discharged two hours before my arrival, and the flooding stopped; that feeling fomething like a flethy substance come down, the had tried to pull it away, on the supposition that it was a false conception, and that thefe attempts were followed by a large quantity of blood. This fubstance, upon examination, I found to be the placenta low down at the os externum; and sliding my finger betwixt it and the os pubis, I felt the child's head. During the next pain she was delivered of the placenta, which was much lacerated, and a dead child. I have been concerned in many cases, where the flooding, when inconfiderable, was eafily stopped, and and the woman proceeded to the full time. adheres to the familias eteri; seeing, in the

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C A S E VIL

From Mr E.W. dated T.W. 1747, with my answer.

Some time ago, I was flent for to a woman after the midwife had made use of all her art to no effect. Upon inquiry, I found she had not gone her full time; the membranes were broken, and there had been, and still was, a profuse flooding. On touching, I could find no os tincæ. I then introduced my hand with some difficulty through the os externum; but could not readily meet with the os tincæ, being opposed by a foft fleshy fubstance, which I took for the placenta, and which proved to be fo, as I afterwards found it. The child lying fo high, and being hindered by the placenta, I could not get my hand beyond the os internum to feel the child. which put me to a stand. However, having taken out my hand, I kept my countenance as well as I could, and advised the woman to be of good cheer. Now, from the great effusion of blood, together with the foregoing circumstances, I thought it absolutely necessary to attempt her delivery, by opening the contracted parts, and turning the child; but I had no fooner fat down before her, than, providentially, she had a strong pain or two; and, to my great furprife, the child was brought into the world [the placenta coming first inclosed within its membranes. This plainly convinced me of the error of some who have afferted, that the placenta always adheres to the fundus uteri; feeing, in this cafe,

case, it was the reverse. With regard to this case, the information I should be glad to receive is this: Suppose the child had not been born as it was, whether I should have endeavoured to pass by the placenta, or extracted it before the child? and suppose part of the os tincæ is covered with part of the placenta, how to act? Vide Collect. XXXIII. No 2. Case 3.

Answer to these Queries.

I HAD a case of pretty near the same kind; the placenta adhered to the lower part of the uterus, and as the os uteri began to stretch. that part separated from the placenta, and then a fmall flooding began. When I was called, the patient had some labour-pains; and on examining, I found the os internum open about the breadth of half-a-crown, and the placenta pressed a little down into it: As the discharge was not great, and the woman strong. I delayed to deliver until the os internum should be more open. Some hours after this. I was again called: the flooding was pretty violent; I found the os internum fully opened. and the placenta fully presenting: I laid the woman on her back, with her thighs raifed; then introduced my hand into the vagina. passed up by the placenta into the uterus; broke the membranes, and delivered the child by the feet; by which means I prevented the placenta from coming down first. The child was alive; because part of the placenta adhered to the lower fide of the uterus. I have M 2 had

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had cases where the placenta has come down into the vagina before the child's head, and was obliged to deliver it first; but in such cases the child is commonly dead. It appears, in your case, that the os internum had been fully open; that the placenta filled all the upper part of the pelvis; and that the child being fmall, and the placenta detached, they all flipped along with eafe, and were fo fuddenly delivered.

CASE VIII.

In the year 1743, I was, about five in the afternoon, called by Mr Burnet to a woman in the latter end of the eighth month, who, the preceding night, had been taken with a large hæmorrhagy of the uterus, and had, every now and then, fome flight pains. Feeling the os uteri a little open, and the placenta presenting, I advised him to dilate gently during every pain; and as foon as he could reach the edge of the placenta, to break the membranes. This he effected in a few pains: the waters were no fooner discharged than the flooding ceafed; and the pains growing stronger, pushed down the child's head. which gradually dilated the os uteri. But as it passed, the detached part of the placenta was forced down with it, and actually tore from the rest fifteen or twenty minutes before the child was delivered. We now expected the child would be lost from this laceration; but, contrary to our expectation, it was alive, and did well; the mother also recovered, tho' the fhe had loft a great deal of blood, and had fainting fits before I was called.

C A S E IX.

Communicated by Mr J ----, dated at F----1751.

I was called to a woman who had gone her full time, and had, for three or four days, been troubled with a flooding, which then increased.

I immediately took ten ounces of blood from her arm, and prescribed an opiate that laid her quiet about three hours; during which the flooding abated. But when she awoke and began to stir, it returned, though not to so violent a degree.

In the afternoon I was allowed to examine, and found the os internum very thin, dilated to the breadth of a fixpence: but as the flooding seemed to increase towards night, I ordered cloths, dipped in cold oxycrate, to be laid over the abdomen: this application being twice repeated, the flooding entirely ceased, labour-pains came on, in less than an hour she was delivered of a live female child, and both did well.

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NUMBIV. CASE I.

From LOOSENESS.

In August 1734, bilious cholics, attended with vomiting and loofeness, being epidemical, I was called to feveral women labouring M 3 under

under these complaints at different times of pregnancy; and they were generally removed by washing the stomach and intestines with warm water, and afterwards prescribing opiates. One case, however, was more obstinate. I was called to a woman, who had been exhausted and weakened by evacuations for the space of twelve hours before my arrival. I was told by the midwife, that she was in labour of her first child, though she wanted about three weeks of the full time: but I was not allowed to examine; a circumstance at that time of little consequence, because, whether she was or was not in labour, the first intention was to carry off the vomiting and loofeness, and recruit her lost strength and fpirits with all possible expedition. I immediately ordered her to swallow large draughts of mutton-broth, which I found ready made, mixed with warm water; and these being thrown up at feveral times with a little straining, she took thirty drops of liquid laudanum in a glass of brandy and water: but this being immediately rejected by her stomach, I gave her half the quantity of the laudanum in a little broth, and applied to her stomach a piece of brown paper moistened also with the laudanum: She now began to be gradually relieved of the pain, vomiting, and loofeness; fo that I was permitted to examine, and found the mouth of the womb thick and foft, opened to the breadth of a crown-piece: I likewise felt the membranes, waters, and child's head. The complaints beginning to return, I repeated

ed the last dose; and in about half an hour after she had taken it, she fell into a sound sleep, which lasted several hours, and awoke very much refreshed, her complaints being entirely removed. All that day she felt no labour-pains; and as she was very weak, I directed her to take frequently a small draught of pretty strong chicken-broth; by which she was gradually recruited. She slept well that night, and in the morning was taken in labour, which proved tedious and lingering, though she was at last delivered of a large child which was dead; and in about six weeks she was perfectly recovered.

CASE II.

In the year 1743, I was called to a gentle-woman attacked by a violent super-purgation, in consequence of having caught cold, by siting in an open chaise in rainy weather when she was eight months gone in her second pregnancy. She had been exhausted by the evacuation the preceding day and night; during which she enjoyed no repose: and in the morning when I was called, I found her pulse weak and slow, and her extremities cold; and she told me, that in straining upon the stool, she had something like labour-pains. I immediately prescribed the following bolus and draught.

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B. Aq. Cinnamom. Simp. 3is. Nuc. Moschat. 3s. Liquid Laudan gut. v. Syr. e Meconio 3ij. M. I directed her to drink plentifully of whitewine whey; and ordered warm bricks, wrapped in flannel, to be applied to her legs and arms, in order to restore the natural heat, to promote a sweat, and encourage rest. In the mean time. I examined and found the os uteri largely open, and the head prefenting; and by feeling the hairy scalp, perceived the membranes were broken. In confequence of what I had prescribed, her extremities became warmer, her pulse rose, she fell into a breathing fweat, and flept three hours; but being waked by a pain and fresh straining, I ordered her to take half the quantity of the former prescription; by which she was again relieved, dropped afleep; and when she awaked in

rected her to take every now and then some burnt red wine with nutmeg and toast, and in the intervals chicken broth. She continued easy the night following: when I called next day, she told me she had some slight pains; and I sound the child's head lower in the pelvis. The pains increased; and in two hours after I arrived the child was delivered.

the evening, was quite free from the pain, griping, and straining, though still very weak

and feeble. To obviate this complaint, I di-

I have often known, in fuch cases, premature labour-pains vanish, and the woman proceed to her full time.

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NUMB V. CASE I.

From CONVULSIONS.

In the year 1746, I was called to a woman by a midwife, who told me that the labour had proceeded very well; that the membranes had not broken until the mouth of the womb was largely opened; but that the head was no fooner forced into the upper part of the pelvis, than the patient was thrown into violent convulsions, which went off and returned with every pain. She was a strong young woman, of a florid complexion. This was her first child: Her pulse being full, hard, and quick, ten ounces of blood were immediately taken from her arm: the convultions abated every pain, until they went off entirely; and in about an hour after they left her, the was fafely delivered.

CASE II.

In the year 1747, a woman in her third pregnancy, near her full time, being taken with a giddiness, which was immediately sollowed by strong convulsions, I was called by the midwise; and examining in time of a convulsion, found the mouth of the wombopen, and the convulsion forcing down the membranes and waters in the same manner as they are usually pressed down by the labourpains. She was insensible; and these fits returned every six or eight minutes. Her pulse being very quick and full, I ordered her to be M 5

blooded to the quantity of ten ounces, and a blifter to be applied to her back. In confequence of these remedies, the convulsions abated and soon went off; but she was still insensible, and incapable of swallowing any kind of liquid. The friends being averse to my delivering her, I desired, that in case the convulsion should return, I might be immediately called in order to deliver her, otherwise she would certainly be lost. My prognostic was literally verified; for in about an hour after I went away, they returned with such violence, that she expired before I could reach the house; but the child was delivered during one of the fits.

In the course of this year, I attended several patients who were attacked in this manner near their full time; some of whom were relieved by blooding and blistering, and went on to the usual period; while others, with whom this method did not succeed, were, with the children, saved by immediate delivery. Other practitioners had cases of this kind during the same time; so that they seem to have proceeded from the constitution of the weather. Vide Vol. III. Collect. XXXIII. No 3.

CASE HI.

Communicated in a Letter from Mr MUDGE, dated at Plymouth, 1748.

In the morning he blooded a woman in the ninth month of her pregnancy, who complained

plained of a violent headach. He was again called in the evening, when she was seized with convulsions; for which he prescribed a glyster, blisters, a nervous mixture, and drops. At nine the fits became more violent, and continued longer; and concluding that immediate delivery was absolutely necessary to fave her life, he examined by the touch; then putting the patient in a proper position, he introduced his hand into the vagina, and tried to dilate the os uteri, which was very rigid scarce so open as to admit a guill, and at first

very difficult to be diffinguished.

WILLIAM O

After several unsuccessful trials with his finger, he was obliged to defift, in hope that it might be better disposed to dilate by next morning: before which time, however, he was twice called in the night, found her in continual convulsions, and no alteration in the parts. About noon next day he vifited, and found her convulsed without intermission. though the force of the fits had not dilated the os uteri in the least; neither could her mouth be opened fo as to receive any medicine. At feven in the evening he was called. in a great hurry, when the midwife told him. that now the child's head was in the passage. He could scarce believe this information: which, however, he found literally true, and fent for his forceps to affift in the delivery: but just as he was about to apply them, the head was forced out by the convultions; he then delivered the body, and afterwards ex-M 6 tracted!

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tracted the placenta, and the convultions immediately abated.

NUMB. VI. CASE I.

From FEVERS.

In the month of March 1729, which, in the country where I then refided, was remarkable for a pleuritic fever that was epidemical, and often proved mortal if the patient was not plentifully blooded at the first attack. I was called to a gentlewoman in the feventh month of her pregnancy, who had bore feveral children. She was fuddenly feized with violent stitches in her right side, and a great difficulty in breathing; for which she immediately lost ten ounces of blood. From other patients attacked with the fame difease, I had taken twenty ounces; and by repeating this evacuation once or twice, had frequently carried off the inflammation and fever; while those who were blooded too sparingly or too late, funk under the difease: but I would not venture to bleed this patient to fuch a quantity on account of her condition. Nevertheless, as the symptoms were alleviated, though not removed, by the first venæsection, I followed Syndenham's method in prescribing plenty of diluents, and next morning repeated the blooding to the fame quantity. Upon my first arrival, I had fent for an eminent physician, who lived at some distance, and he approved of what I had done; advising, that as it would be hazardous to take a large quantity

quantity at once from a person in her condition, she might be blooded the oftener: and this method being followed, in two or three days relieved all her complaints, having prevented a suppuration, perhaps a mortification, of the pleura. Though much exhausted by these evacuations, she gradually recovered strength enough to proceed in her pregnancy; and in a fortnight after her recovery, was safely, though prematurely, delivered of a weak child, which did not long survive the birth.

CASE II.

In the year 1746, I was called to a woman in the ninth month of her fourth pregnancy, who was feized with a violent fever, in confequence of having caught cold. She complained of a racking headach; was between whiles delirious; and on the fifth day of the fever, when I was called, fell into labour. I felt her pulse, which was quick, low, and intermitting: she laboured under a subsultus tendinum, and was in a little time delivered of a very weak child, that soon died: her delivery was attended with inconsiderable discharges, and she expired that same evening.

I have attended in many cases, at different periods of pregnancy, in the beginning, increase, height, and declension of severs; and the patient commonly recovered, if miscarriage or delivery happened at the beginning or declension, provided the discharges were not extraordinary: but when the sever was

violent

violent and at the height, the patient usually died; and the child was frequently dead when delivered in the decline of the fever.

NUMB. VII. CASE I.

From the SMALL-Pox.

THE observations I have made on fevers

will also hold good in the small-pox.

In the year 1749, I delivered a gentlewoman who had the confluent small-pox in the fifth month of her pregnancy; from which she recovered, and proceeded to the full time. No marks of the distemper appeared upon the child, which had not been dead many days before delivery; but the head was dropfical, and could not be protruded by the pains until the water was discharged by perforation.

CASE II.

MR Cook, who attended me in the year 1752, communicated the following case, an account of which he received from the country. A gentlewoman at Oswestry in Shropshire, aged twenty-eight, was in the seventh month of pregnancy, on the 24th day of February, seized with the symptoms of the smallpox, and on the 28th the eruption appeared very quick and very small. A physician from Shrewsbury being called, found them of the consuent kind, with petechial spots, and prescribed Decost. Cort. Peruv. cum Elix. Vitriol. & Tincl. Rosar, pro potu communi. She recorvered.

vered of this diforder, and was, on the 29th of April following, delivered of a dead child, upon whose body the eruptions appeared to have been about the crifis.

COLLECTION XIX.

Of Circumvolutions and Knots of the FUNIS UMBILICALIS, Contractions of the UTE-RUS before the shoulders, &c.

NUMB. I. CASE

Of CIRCUMVOLUTIONS.

[Vide Tab. IX.]

N the year 1750, I was called to a gentle-I woman in the eighth month of her pregnancy, by Mrs Canon, who told me the labour had been very tedious: the head had been advanced to the os externum for near two hours, but was drawn up again after every pain.

The patient being averse to my examination, I advised the midwife to introduce a finger or two in the rectum during a strong pain, when the head was low down, and preffing against the forehead at the root of the nose. keep the head in that position for a few pains. By this method the patient was foon delivered. of a dead child, round whose neck the funis. was four times circumvoluted.

CASE II.

In the year 1750, I was called to a gentlewoman in labour of her first child, whose os uteri dilated with the membranes and waters, in a slow and gradual manner, until it was fully opened, when the membranes protruding to the os externum, were broken; then the head came down to the middle of the pelvis, and being pushed farther in time of a strong pain, it was drawn back to the same place as the pain abated, and continued to advance and retreat in this manner for several hours; so that the patient was very much fatigued, and her friends began to be very un-

eafy.

That I might examine more narrowly, I began to dilate and open gently the os externum during every pain, until I could eafily introduce my fingers all round the lower part of the child's head, so as to perceive that the delivery was not retarded by the largeness of the head or the smallness of the pelvis; neither could it be delayed by the contraction of the uterus before the shoulders, because the head began to be drawn upwards, immediately after the membranes broke; and the contraction feldom happens until all the waters are difcharged. From these circumstances, I concluded that the difficulty proceeded from the circumvolutions of the funis umbilicalis round the neck of the child. The left ear of the fœtus was to the left groin of the woman, and its right ear to her right fide betwixt the fa-

crum

crum and the ischium, the forehead being to

I resolved to assist in bringing the head lower, and keeping it so, with the help of the forceps, had it continued much longer in that fituation; but as fhe had every now and then a strong pain, I first tried what might be effected by different politions, and directed her to bear the pains standing, sitting, kneeling, lying on one fide, or resting on the bed in a posture between sitting and lying. This last was the most fuccessful, and in three or four strong pains, the head, though still retracted, advanced lower, and lower, and began to dilate the os externum. But observing that it made another Rop, I introduced two fingers into the rectum, when it was pushed down by a strong pain, and pressing them against the lower part of the forehead, kept it down and prevented the head from returning until the return of the next pain. I continued this method; in consequence of which, the head advanced farther and farther, and affilted the delivery of it, by raising the forehead upwards with an half-round turn from the lower part of the os externum. The woman was foon delivered, and the funis was found three times round the neck, and once round the arms of the child.

The hint of affifting in this manner I found in Mr Ould's treatife, published in the year 1742; and I have frequently followed it with fuccess, when the forehead was come down to the os coccygis; but when it advances still

lower.

lower, I withdraw my fingers from the rectum, in order to prevent a contusion of that part, as well as of the vagina, and press with my fingers on the external parts, and on each side of the coccyx. Care, however, must be taken to avoid the eyes in this pressure, otherwise they will be afterwards inflamed.

I must observe, that this assistance is not to be used, except when the head comes low down, without continuing to stretch the os externum; for although it is retracted after every pain, yet if, by advancing a little in the time of a pain, it dilates this part, such gradual dilatation is much more safe for the woman than a sudden distention, by which the parts are in danger of being inslamed or lacerated.

CASE III. and IV.

I HAVE in this manner affisted in a few cases where delivery was retarded by the shortness of the sunis; particularly in the year 1744, when the patient was delivered by the forceps; and in the year 1750, when the woman was delivered by the labour-pains, affisted in the manner described above: in this last case the sunis was not above two hands-breadth long, though very thick.

Mauriceau, in p. 336. and Observ. 406. relates an instance of his having delivered a woman of her first child, whose navel-string was extremely short, and as thick as its arm.

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Hill concerns on myllyr that galaybood so in The

The child had been dead feveral days before

delivery.

It may be proper to observe, that when labour is retarded by the shortness or circumvolution of the funis, the retraction or drawing back of the head does not begin to be perceived until it is low in the pelvis: whereas it is fooner observable when owing to the contraction of the uterus before the shoulders.

The head is also low down before it can be retarded by one of the shoulders resting above the os pubis or facrum, instead of being towards the fides at the brim of the

pelvis.

NUMB. II. CASE I.

A STATE OF THE PROPERTY OF

of Knots.

[Vide Tab. XXIX.]

In the year 1744, my attendance was be-fpoke to a woman, who imagined herself in labour about the end of the eighth month. This, however, was no other than a colicky pain, proceeding from costiveness, of which

she was relieved by a glyster.

In a fortnight after this vifit, I was called, and found the membranes had broken; the waters were of a brownish colour and mortified fmell: the labour was lingering, and the child, when delivered, of a livid hue; the scarfskin was easily stripped off, the abdomen tumified, and the funis fwelled and livid, about

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ten hand-breadths long, with a tight-drawn knot on the middle.

CASE II.

In the year 1747, I attended another patient in a lingering labour, and delivered her of a live child, though there was a loofe knot on the funis, which was very long.

CASE III.

In the year 1748, I affisted in a case where the funis, being nine hand-breadths long, had a loose knot on it, and was twisted round the neck of the child, which was dead; though I believe its death did not proceed from the knot or circumvolution, which were very loose; but from the nature of the labour, which was very lingering, the head being squeezed to a great length, and the brain too long compressed in a narrow pelvis.

NUMB. III. CASE I.

Of Contractions of the UTERUS before the Shoulders, and these last resting above the Pubes or SACRUM.

[Vide Tab. XIV.]

In the year 1745, I discovered, by the following case, that labours are often rendered tedious and lingering by the lower part of the uterus contracting before the shoulders, when the membranes break and the waters are too foon evacuated: this contraction not only keeps keeps up the body of the child, but sometimes prevents the shoulders from turning to the upper part of the pubes to the fide of the pelvis where it is wideft. I was called by a midwife to a woman thirty-five years of age, in labour of her first child, the membranes having been broken a long time. I found the head-prefented almost as low as the middle of the pelvis, and that the os internum was fully open. and the pains strong and frequent, yet the head did not advance, but receded a little after every pain, a circumstance which at first I im-

puted to the funis.

Finding the woman very uneafy, and her friends importunate. I amused them with a palatable mixture, of which I directed the patient to take two spoonfuls every half hour, my intention being to gain time : for I felt the child's ear at the upper part of the pubes, the head was finall and very little engaged in the pelvis, and I could forefee nothing dangerous in the case. I accordingly took my leave, after having affured them she was in a fair way, and would in a little time be fafely delivered by the midwife. In about two hours, I received another call, and was told the medicine had done her no fervice. I likewife understood from the midwife, that the child's head was very little advanced, and that the had kept her in an easy position, according to my direction. When I examined, during a strong pain, I found the head lower down, but as the pain abated, it was drawn back to its. former place: upon which I turned her upon her

her fide, in order to bring down the head with the forceps, but first resolved to try what could be done by dilating the parts. Accordingly, placing her breech to the bed-fide, I gradually opened the os externum during every pain, introduced my hand up the vagina, and with great difficulty raifed the head above the brim of the pelvis. In pushing up my hand, on the posterior part between the os uteri and head. I felt the lower part of the wombstrongly contracted round the child's neck; then, by continuing to push up farther, I raised the child, and gradually stretched the contracted part; fo that when I withdrew my hand, a strong pain immediately followed, and forced down the head to the lower part of the pelvis; and in a few subsequent pains the child was delivered.

Although the child is not large, nor the pelvis small, labour is frequently retarded by such contractions, when the membranes are broken too soon: so that practitioners should avoid breaking them until the mouth of the womb is fully opened, that the head, by descending immediately into the pelvis, may plug it up, and prevent the waters from being too soon discharged. Except, however, in cases of slooding, where the less difficulty or danger must yield to the greater, and the membranes be broken in order to stay the hæmorrhagy.

By those contractions, the child's head is seldom kept up so long as in the case described above, but is gradually pushed lower down;

and the labour is more or less lingering, according to the degree of contraction and the strength or weakness of the pains. In a word, there is feldom occasion to affift until the pains fail, as we shall observe in the laborious committee and consider cafes. regarder evance believing in 1990 and

COLLECTION XX.

Of lingering Cases from the large Size of the Child, and the Hydrocephalus.

ich til her filtste fan enen mar all file NUMBI. CASE I.

From the large Size of the CHILD. [Vide Tab. XXI. XXVII. and XXVIII.]

IN the year 1742, I was called to a woman. whose friends told me she had been three days in labour, and that the midwife, who had loft her opportunity, was keeping her in hand. She, however, in her own vindication, gave me to understand that she had delivered the patient twice before; that the first labour was lingering, and the child, which was small, came before the time; that the fecond was alfo tedious, and the child, which was large, still-born, because they had sent for her when it was too late to fave it by making more room: that, in order to obviate the like miffortune upon this occasion, she had been called in good time, and confiderably dilated the parts

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parts; but when the waters were discharged, the pains had not been strong enough to deliver the child. She likewife affirmed, that when the was called, there was no opening of the os internum, which did not begin till the preceding night; but that the woman laboured under a colic, attended with a loofeness which had been stopped by fomething prefcribed by the apothecary, upon which the pains grew stronger; and that she, the midwife, had lost no time, but tried all the different positions, and dilated the parts during every pain. Indeed, the loofeness had exhausted the patient; and she was moreover fatigued by this unskilful management of the midwife, who was extremely ignorant, had never received the least instruction, and seemed incapable of profiting by her mistakes in practice.

When I first examined, I found the mouth of the womb pretty largely opened, but thick and swelled; the external parts were likewise tumified and inflamed. I afterwards, during another pain, felt the head presenting, though very high up. Her pulse being low and quick, I directed the attendants to put her to bed, and keep her as quiet as possible. As she was troubled with a great drought, I defired her to drink barley-water, and take now and then a little weak broth, with toafted bread; and lastly, in order to amuse herself and friends, I prescribed a draught of syrup and simple waters to be repeated every two hours. Then exhorting her to difregard the trifling pains the had, I affured her they would grow stronger,

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and affift the delivery with better effect, after she should have enjoyed a refreshing sleep. Having given these directions, I took my leave about eight in the morning; and returning in the evening, was informed that the had flept very found for five or fix hours, fweated plentifully, and undergone every now and

then a fmart pain.

Finding the parts much fofter, the heat abated, and the pains gradually pushing down the head of the child into the pelvis, I encouraged the patient, telling her she was now in a good way, though, in consequence of her weakness, her delivery would require some time, and therefore she ought to exert her patience. I likewise privately directed the midwife to let her rest in bed, and sleep as much as possible, without fatiguing her by a repeti-tion of her former conduct. But notwithstanding this express admonition, when I was called early next morning, I understood she had acted diametrically opposite to my advice, by raising her out of bed, and harrassing her in the manner already described; so that she was quite funk and difpirited, and the external parts were inflamed and swelled as before. She was immediately replaced in bed, and a poultice of bread and milk being applied to the parts, I waited to fee the event. She flept and sweated a good deal; and when waked with a pain, took some broth, warm wine and water, and caudle alternately, at different times, so as to be much recruited and refreshed: the inflammation also abated; ep-VOL. II.

on which the poultice was removed, and the part cleaned; and the pains growing stronger, she was delivered about noon, of a dead child, whose head was squeezed to a great length.

I afterwards delivered this woman three times, and the children were all uncommonly large; but by giving her time, and keeping up her strength, she was safely brought to bed,

and they were all alive.

C A S E II.

In the year 1725, I was, in the evening, called to a patient by the midwife, who told me the woman had been long in labour of her first child, that the os uteri had gradually and slowly opened, that the waters had been discharged a great many hours, and that the child's head did not advance.

Upon examination, I found the head was come down to the middle of the pelvis; and the woman being strong, with a quick, full, hard, pulse, was blooded to the quantity of ten ounces. She was kept quiet in bed, and slept betwixt the pains, every second or third of which was pretty strong. I desired the midwife to indulge her with all possible rest, and send to me if she should turn weaker, and could not be delivered by the pains.

Accordingly, I was called next morning, when I found the child's head advanced to the lower part of the pelvis; but the patient being exhausted, and her pains growing weaker, I resolved to deliver by turning

the

the child, or if that should not be practicable, to assist with the fillet or crotchet. I then did not know the method of delivering with the

forceps.

After having gradually opened the os externum with my fingers, I tried to raife the head, and introduce my hand into the uterus, so as to reach the feet: but the contraction was so great, that I could not advance farther than the upper part of the vagina: upon which I determined to use the fillet; when a strong pain coming on, as I withdrew my hand, the head descended lower, and in two more pains the woman was delivered of a child, whose head was squeezed to a great length.

By this method I have feveral times fucceed-

ed in fuch cases.

CASE III.

In the fame year, I was called to another woman, who had been long in labour of her third child. When I first examined, I thought I felt the breech of the child; but afterwards found it was a large tumour on the child's head, which was pretty low in the pelvis. The patient had been much fatigued by the imprudent management of the midwife, the pains had turned weak, and her pulse was low. I directed her to be put to bed, to take fomething warm, and try to doze between the pains. By this method her exhausted spirits were recruited, and her pains grew stronger; I affifted as in the preceding cafe, and she was N 2 delidelivered of a dead child, with a large head fqueezed to a great length.

CASE IV.

In the year 1729, I was called to a patient whom I had delivered twice before: in her first labour I used the crotchet, in the second I tried the fillet, but without success; upon which I brought the child by the sect, though I could not save it, because the head was very large.

Having found by experience that several children were lost by using these expedients prematurely, and by turning the child when a large head presented in a narrow pelvis, I resolved to manage this case in a more cautious manner, and desired that I might be called in time.

Accordingly, when I arrived, the midwife told me, that the patient had not been fatigued, and only once examined; the mouth of the womb was largely opened; and the gentle-woman being of a weakly constitution, I kept her chiefly in bed. The waters broke soon after my arrival; the labour was very tedious from the largeness of the head, which advanced very slowly in the pelvis; but by encouraging and keeping up her strength she was at last safely delivered.

CASE V.

In the course of the same year, I attended a woman who had been long in labour, and whose waters were discharged many hours before I arrived. I found the mouth of the womb largely opened, the child's head advanced to the middle of the pelvis, the patient very much fatigued, and the midwife told me her pains had been strong, but were much abated.

As I could not turn the child, I made a noofe on a garter, which I with great difficulty fixed over the fore and hind head, and pulled gently during every pain; but, not fucceeding, I increased the force until the noofe slipped off. Then resolving to try what nature would do, I prescribed a gentle opiate; and she being kept quiet in bed, enjoyed between the pains some refreshing slumbers, by which her strength was gradually recruited; and the pains growing stronger, she was in about two hours safely delivered. The fillet had galled and in-slamed the hairy scalp of the child, which, however, in consequence of proper applications, recovered in a few days.

CASE VI.

In the year 1750, I attended a gentlewoman in the city, in labour of her first child. She was young, strong, and healthy, had gone a month beyond the common time of reckoning, and the case was very tedious; for after the membranes had broken, and the child's head advanced a little in the pelvis, she underwent many severe pains for the space of four hours, before it descended to the lower part, where it continued two hours longer before she was delivered.

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I perceived that the greatest difficulty proceeded from the large size of the head; and she being strong and the pains brisk, I thought nothing should be done but to encourage and prevent her from being fatigued. However, before she was delivered, her spirits and pains began to slag, and her friends became very anxious and uneasy; indeed I myself was not without apprehension that both she and the

child would be loft.

Though the pains were most effectual while the continued in bed betwixt a fitting and lying posture, when they began to grow weak, I resolved, as the head was low down, to affist with the forceps: but before I used that expedient, I thought proper to alter the position, and try what would be the effect of her taking fome pains standing, a posture which had fuceeeded in other cases. She was accordingly taken out of bed, and, some loose cloaths being put on, supported between two women. Her pains increased in consequence of this alteration; and after she had undergone several févere ones, I found the child's head began to move lower and lower, and protrude the parts in form of a large tumour. Then she was put to bed again, and with great difficulty I faved the perinaum from being torn. After the head was delivered, it required great force to bring along the shoulders: indeed this was the largest child I ever brought into the world alive.

The head was fqueezed to a great length, had a large tumour at the vertex, and if the mother's pelvis had not been very large, the child could not possibly have been faved.

C A S E VII.

In the year 1742, I was called to a patient about the age of forty, in labour of her first child; though I was not permitted to examine, but obliged to wait in another apartment, in case of accidents. By the midwife's information from time to time, I understood the child advanced very flowly after the os uteri was largely opened, and the membranes had broken; and that the pains, though feldom, were pretty firong.

In this manner labour proceeded for the space of twelve hours, at the expiration of which, the midwife told me, that although fhe had at first found the child was alive by moving its head, she was afraid it was now dead, for the pains had flagged for a long time, and a finall part of the head had been for two hours without the external parts. However, the child was delivered foon after the gave me this account, and appeared to have been but a very little time dead; and, in all probability. when the head was fo low and the pains abated, it might have been faved by the affiftance of the forceps, which feldom or never fail when things are in that fituation.

I afterwards learned, that the shyness of the patient proceeded from the artful infinuations of the midwife, who terrified her with dreadful accounts of the use of instruments.

During the first year of my practice, when LVIDIM N 4

I was called to lingering cases, which were often occasioned by the imprudent methods used by unskilful midwives to hasten labour, such as directing the patient to walk about and bear down with all her strength at every trifling pain, until the was quite exhaulted, and opening the parts prematurely, fo as to produce inflammations, and torture the woman unnecessarily; on such occasions, without knowing the steps that had been taken. I have been told that the patient had been in fevere labour for many hours, and fometimes days. and that now I was called to prevent her from dying with the child in her belly. Thus foheited, if the head was at the upper part of the pelvis, I commonly turned the child, and brought it by the feet; and thus, if small, it was usually faved, provided it was not dead before my arrival: but when the head was large, or the pelvis narrow and distorted, the force necessary to extract it was often the occafion of its death. On the other hand, when the head was follow in the pelvis, that I could not raise it into the uterus in order to be turned, I was obliged to dilate the cranium with the sciffars, and extract with my fingers. affifted by the blunt hook. This method. however, I never practifed, except when the head was low down, and the patient fo much exhaufted that the could not be delivered by the pains; and not even then, until after I had tried Mauriceau's fillet, which always failed, and another, introduced by my fingers in form of a noofe, which fometimes, though very rarely,

rarely, succeeded, when the child was small. In order to avoid this loss of children, which gave me great uneafiness, I procured a pair of French forceps, according to a draught published in the Medical Essays by Mr Butter; but found them fo long, and fo ill contrived, that they by no means answered the purposes for which they were intended. I afterwards perused the treatises of Ghapman and Gifford, who had frequently faved children by a contrivance of this kind; and actually made a journey to London, in order to acquire further information on this subject. Here I faw nothing was to be learned; and by the advice of the late ingenious Dr Stewart,. who was my particular friend, I proceeded to Paris, where courses on midwifery were at that time given by Gregoire. There likewife I was very much disappointed in my expectation: for though his method might be ufeful to a young beginner, his machine was no other than a piece of basket-work, containing a real pelvis covered with black leather, upon which he could not clearly explain the difficulties that occur in turning children, proceeding from the contractions of the uterus, os internum, and os externum. And as for the forceps, he taught his pupils to introduce them at random, and pull with great force, though he preferred Chapman's instrument to that used by the French, and recommended the improvement made upon Mauriceau's fillet, which can never be of any use.

Little satisfied with his manner of instruct.

ing. I confidered that there was a possibility of forming machines, which should so exactly imitate real women and children as to exhibit to the learner all the difficulties that happen in midwifery; and fuch I actually contrived, and made by dint of uncommon labour and application.

I endeavoured to reduce the art of midwifery to the principles of mechanism, ascertained the make, shape, and situation of the pelvis, together with the form and dimensions of the child's head, and explained the method of extracting, from the rules of moving bodies, in different directions. Nevertheless. I had ftill some occasion to perceive that children were loft, and the mothers endangered, by turning, when the head was large and presented, or even by leaving the head to flick long at the lower part of the pelvis, when the pains were weak and the patient exhausted: for in this last case the child, when delivered, was commonly dead, in conferquence of the brain's having been compressed; and the same long compression had produced an inflammation in the vagina, os internum, and fometimes in the uterus of the mother. To obviate these misfortunes, I was sometimes obliged to have recourse to the fillet or. forceps; with which last I frequently succeeded fo as to fave the child; though the use of them was fometimes attended with a laceration of the external parts of the woman, until I contrived an alteration in their form, and the third out to the same gave gave new directions for using them; by which

this inconvenience is prevented.

In a word, I diligently attended to the course and operations of nature which occurred in my practice, regulating and improving myfelf by that infallible standard; nor did I reject the hints of other writers and practitioners, from whose suggestions, I own, I have derived much useful instruction. In particular, I was obliged to Dr Gordon of Glafgow, and Dr Inglish of Lanerk, in Scotland: the first made me acquainted with the blunt hook, the other with the noofe; and in London. Dr Nisbet assisted me in improving the forceps, and Dr Hunter in reforming the wrong practice of delivering the placenta.

On the whole, I have given this short detail of my own conduct, for the benefit of young practitioners, who will fee, that far from adhering to one original method, I took all opportunities of acquiring improvement, and cheerfully renounced those errors which:

I had imbibed in the beginning of life.

NUMBIL CASE I.

From the Hydrocephalus.

In the year 1747, I attended a gentlewoman in labour of her fourth child, and felt the membranes pushed down, and the os internum and os externum largely opened. Before the membranes broke, the child's head continued a long time high up at the brim of the pelvis; and felt in fuch an uncommon N 6 isas Hoo

manner,

manner, that I was for some time uncertain whether it was the head or breech. But the waters being discharged, it was pushed a little lower down; then I selt the hairy scalp, and perceived the head was dropsical, from the looseness of the bones and the great distance between them.

After many severe pains, the sealp was protruded to the os externum; which the contained water distended to such a degree, that the head passed, and the child, which was presently delivered, seemed to have been dead but a very little time.

CASE II. he support

In the year 1753, I was called to a woman in labour of her first child. The membranes and waters opened the os uteri in a very flow manner; and when they came down to the middle of the vagina, felt as if there had been one fet of membranes within another, though the internal feemed to be much thicker than the external. But before the os uteri was fully opened, the real membranes broke, and then I discovered the other was the hairy scalp. pushed down by water contained in the skull. This the pains forced down lower and lower: fo that the os internum being fully opened, it firetched the vagina and os externum in the fame manner as they are commonly dilated by the membranes and waters of the fecundines; and I felt the bones of the skull loofe and riding one another.

At length the head being delivered, I was obliged

obliged to exert a good deal of force in bringing along the shoulders and body, because the belly was fwelled. The funis was tumified and livid; the child feemed to have been dead for the space of eight or ten days; and there was a large quantity of water contained in its head, task out we child by the last, beat, was formuch futiened with the operation; the

COLLECTION XXI.

Of lingering Cases, from a small, narrow, or difforted Pervis.

[Vide Tab. XXVII. and XXVIII.]

a mind that decreeps a and thele failing a colleged Deli toda N. U. M. B. I.

A LTHOUGH these labours may seem to be of the same class, and require the same management with those that proceed from a large head, there is an effential difference; for though they are much the same with regard to the efforts of the woman, the operator in these has much less room when he is obliged to affift with his hand, and the child's head is disfigured and compressed into large indentations, occasioned by the jetting in of the upper part of the facrum and vertebræ of When I was called to beer in lab. said I had W

Cold of the Cold of En C. bind in the

odatibus coulded a la del In the year 1750, I was bespoke to attend a woman of a middling fize, and to appearance well made, who had been three times before delivered of dead children. The first presented with the arm; and the midwise having kept her two days in hand, with promises of safe delivery, the friends called a gentleman of the profession, who, with great difficulty, extracted the child by the feet, and was so much fatigued with the operation, that he was obliged to keep his bed for several days. In her next child I was employed, after she had been weakened and exhausted by another midwise, who, with great self-sufficiency, had undertaken to bring matters to an happy issue.

Having waited a long time to no purpose,. I tried the forceps; and these failing, dilated the cranium, according to the method described in laborious births. Then I found the dissiculty proceeded from the large size of the head, and the jetting in of the upper part of the facrum, which was not above three inches and an half from the os pubis. In her third labour, I attended by myself; but the breech unluckily presenting, and the child being very large, I could not possibly save it; for I was fain to use the curved crotchet in delivering the head, to the great grief and mortification of the poor mother, who had suffered so much, and lost three children.

When I was called to her in labour of her fourth child, the mouth of the womb was open to about the breadth of a shilling, and the child's head rested on the upper part of the pubes, but was thrown a little more forward than

than usual, by the jetting in of the upper part of the facrum and the last vertebra of the loins. Labour being just begun, I encouraged the patient, by telling her, that I had faved many children, even where the pelvis was narrower than her's; and that I was now in great hopes of succeeding, provided the child was not of an extraordinary fize. As the had flept but little the preceding night, and her pulse was rather full, I ordered ten ounces of blood to be taken from her arm. and her intestines to be emptied by a glyster; and taking my leave in the morning, defired the nurse would not send for me until the membranes should be broken. She was accordingly kept quiet in bed, and enjoyed fome refreshing sleep; and in the evening I received a meffage: then the membranes were broken, the mouth of the womb being largely opened, and the head beginning to be fqueezed in at the upper part of the pelvis; but when the membranes gave way, the pains abated, as is commonly the case when the head is not small or the pelvis large: for the pains she had hitherto undergone proceeded from the membranes stretching the mouth of the womb; and now the head being kept up, did not continue the diffention of these parts. but locked them up so as to detain a quantity of waters still in the uterus.

I went away again, defiring the nurse to fend for me when the pains should return and grow stronger; and in about three hours I returned, in consequence of another call, when I understood a great many cloths had been wetted, and that the pains were become stronger and more frequent. I then felt the child's head squeezed lower down; and but little water being discharged in time of a pain, I concluded that the whole quantity was almost expended, and that the uterus was close

contracted to the body of the child.

As the patient had been chiefly in bed during the whole day, I directed her to take her pains in a fitting posture, and now and then to walk about without fatiguing herfelf. She therefore fat in an easy chair, leaning backwards; and in this manner took her pains; until towards morning, being very much fatigued, she was again put into bed, and laid on her back: her shoulders being raised with pillows, fo as that her posture was between fitting and lying, I defired her, in time of a pain, to pull up her legs, while an affiftant fupported her feet, and directed her not to. force down, except when the pain was strong. The head continued to advance very flowly, the bones of the cranium riding over one another; the vertex was squeezed down in a conical form to the lower part of the left ischium, the forehead being at the upper part of the right, or rather above the brim of the pelvis on that fide; the fontanel was still very high up, and I felt the ear at the os pubis. At every third or fourth pain, which was generally the strongest, the head advanced, and the occiput was gradually raifed to the space below the pubes, the forehead turning backwards

wards to the lower part of the facrum and

coccyx.

The head being now so low down, and disengaged from its confinement and pressure at the upper part of the pelvis, proceeded much more easily than before; however, as the child was large, and might be lost in being detained too long by the contraction of the uterus before the shoulders, I assisted a little when the forehead was come down to the lower part of the coccyx, by placing my singers on each side of it, in time of a strong pain, in order to press the head forwards to the space below the pubes, and prevent its being drawn back upon the abatement or cessation of the pain.

The head being delivered, I was fain to use a good deal of force in extracting the shoulders: for although I had brought them down to the lower part of the ischium, I could not effect the delivery until I introduced a singer above one of them, up to the middle of the arm, and, by pressing towards the sacrum, brought it down with an half-round turn;

upon which the body followed.

that girld's language was sirreine

The circulation in the funis being stopped, the child, which was very large, and whose head was compressed in a longitudinal form, lay five or fix minutes before it began to breathe.

The woman recovered of this much better than of her former labours.

CASE II.

I DELIVERED the same patient of another child in the year 1753, when the labour proceeded much in the fame manner; with this difference, however, that the membranes were unluckily broken by her motion in getting out of bed before the had any pains. I being called in confequence of this accident, found the os uteri foft and yielding, though very little open, and the child's head resting above the os pubis, as in the former cafe. She was blooded, and received a glyster, as in the preeeding case; but as the pains were not begun, and I was engaged at another labour, I left a midwife, with proper directions how to manage when the pains should come on, until I should be at leifure to come and attend her.

Soon after I went away the pains began, and a large quantity of waters was from time to time discharged. When I returned in the evening, I found the os uteri pretty largely opened, and the head pushed down to about one-third of the pelvis; and taking it for granted that she would have many more strong pains, and that all the waters were not yet discharged, I lay down in a bed to take some rest, because I had been much fatigued the night before, and defired the midwife to call me as foon as the head should be come down to the lower part of the pelvis. The patient bore many very fevere pains with extraordinary courage; the child's head was in the fituation described in about three hours after

I went to-bed; and in half an hour after I rose, the woman was fafely delivered of a live child. Since the publishing of the above, she has been twice delivered in the same cautious manner by Mrs Maddocks, on my account; and the children were live-born, and did well.

C A S E III.

In the year 1750, I attended a woman whose pelvis was also distorted, and rather smaller and narrower than that described in the preceding case. She had, the year before, been long in labour, and much exhausted, before she was delivered by another gentleman, who was obliged to open the child's head.

I being called at the beginning of this fecond labour, managed her much in the manner above described, and with great difficulty faved the child, which was small: but when I attended her again in her next lying-in, I could not fave the child; which, though larger than the former, was not above the common size. Vide the Crotchet Cases.

CASE IV.

In the year 1742, my attendance was befpoke to a woman who had been four times delivered by another gentleman of dead children; and it was alleged her pelvis was fo narrow and ill-formed, that she could not possibly bear a live child.

I was averse to interfere with any other

practitioner; and actually refused to undertake the case, until I was importuned by two of her acquaintance whom I had delivered, and assured that the other gentleman would never be employed again at any rate: upon these representations I promised to attend this patient, who was a little woman, of a delicate constitution, subject to interical complaints; for which I advised her to consult some physician; though in this particular she neglected my advice, on the supposition that her health

was mending.

Soon after my first visit, I was called to her when she imagined herself in labour, and found the mouth of the womb but very little open, though foft and yielding. Her pains scemed to proceed from her being costive; yet I felt the head resting above the pubes, and was agreeably furprifed to find the pelvis was not fo narrow as it had been described; for with the tip of my finger I could hardly reach the jetting forwards of the last vertebra of the loins and upper part of the facrum; from which circumstance, I understood the pelvis, at that part, was not above half or three quarters of an inch narrower than those that are well formed. I therefore hoped, that if the child was not large it might be faved, provided I could keep up the woman's strength. With this view, after having encouraged her, by communicating my opinion, I prescribed a glyster; after the operation of which she took the following draught.

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B. Ag. Cinnamom. Simp. 3iB. cum fpiritu 3ij. Confeet. Damocrat. 38. Syr. e. Meconio 3ij. M.

It was now late; and I being uncertain when labour would begin, staid with her during the best part of the night, but went away as foon as the draught had thrown her into a profound fleep. She was free from pain all next day; but I was called the following morning, when I understood she had trisling pains in the night, though she had slept in the intervals. I found the waters pushing down the membranes, and the mouth of the womb open to about the breadth of a crown; and the being weary with lying, I advised her to rife and take her breakfast. Having fat with her about two hours, during which the pains were but flight and returned feldom, and believing they would not grow much stronger until the mouth of the womb should be fully opened, the membranes broken, and the waters discharged, I proposed to go and visit some other patients; and laid injunctions upon the nurse to put the woman to bed, and fend for me as foon as matters should be thus ripened.

She feemed uneafy at my going, and afraid I would not return. She observed, she had been already two days in labour; that the other gentleman would not have waited fo long, but have delivered her before this time, either by turning the child, or extracting it with instruments: the nurse, too, made re-

flections of the fame nature.

I paid very little regard to what they faid

121.41

of my predecessor, because I could not pretend to judge of his practice, unless I had been present, and known the particular circumstances: and nothing can be more absurd than to justify or condemn upon the hearsay of ignorant people, who are always apt to run into extremes of praise or dispraise.

I therefore told her, she had not been in real labour till the night before; that I would do every thing in my power for the fafety of herself and the child; and begged, that if she was in the leaft diffident of my skill, she would fend for the person who formerly delivered her; for I would not attempt to force matters, as there was really no danger, even if the labour should continue eight days longer. This declaration quieted the anxiety of the patient and nurse; and I was permitted to go away, after I had promifed to return upon the first notice, which was about eleven; but at two I was fent for in a great hurry. The nurse had put her to bed; and I, during a strong pain, felt the membranes pushing down large and full through the os externum. As the pain went off, and they were relaxed, I perceived the head was at the lower part of the pelvis. I had fcarcely time to put on a nightgown when another pain returned; and the woman was immediately delivered of a small child.

From the easiness of the birth, and the round form of the head, which was not at all compressed, I am inclined to believe, that though

though the child had been of an ordinary fize it would have been faved.

The patient recovered much better and fooner after this than after her former deliveries; the jaundice vanished; and in two months fhe was healthier and stronger than the had been for many years. in the proposition of the sum bearing of the proposition of

NUMB. II. CASE I.

From inflammatory or ædematous Swellings of the Pudenda, scirrhous Tumours, Polypus, or Callofity in the VAGINA or Os UTERI. [Vide Sec. III. N° V.]

In the year 1742, a woman, in the latter end of her first pregnancy, had cedematous fwellings in her legs; thighs, and pudenda; and being obliged to walk one day through the city, was very much fatigued, and in great pain. When I examined the parts, the swelling, which before was cedematous, feemed to have contracted an inflammatory hue; the left leg and thigh were much more tumified than those of the right side, and the skin was fomething of a livid colour. Twelve ounces of blood were immediately taken from her arm; she was put to bed; and in confequence of fomentations, in three days the pain and inflammation abated: but the fwelling of the pudenda still continuing, I prescribed an emollient cataplasm to be frequently renewed: and from the first day she had taken two dofes of gentle cooling physic. On the fifth day the was taken in labour; and though the parts were

were still swelled, and stretched with great difficulty, she was at last safely delivered.

The poultice was still applied; the swelling gradually subsided, and she recovered tolerably well.

C A S Em II seed batter

In the course of the same year, I was called by a midwife to a woman at Chelsea, who was in labour. The labia pudendi were so excessively swelled, that both patient and midwife believed the child could not possibly pass; and the tumefaction was attended with such pain, that for three days she had been obliged to keep her bed, and lie on her back, without daring to alter that position.

When I examined her during a pain, I found the os uteri very little open; and thence concluding labour was but just beginning, I punctured the parts in feveral places with a lancet, a large quantity of ferous fluid was discharged, the swelling subsided, and the labour proceeded in a flow manner until she

was delivered.

Such cases have often occurred in my practice, and I never knew them attended with any bad consequence. For when the swelling is too great to permit the child to pass, it is commonly reduced by punctures; or when of the inflammatory kind, by bleeding, cataplasms, and somentation.

A&A: On the cooling place. On the field day

the browner had only the set of stories.

In the year 1744, a woman, in labour of her first child, was attended by a midwife. who imagined she felt the child's head, tho' very fmall, in the vagina; but examining again after a few pains, the felt that fubstance pushed to one side of the pelvis, and the membranes and waters forcing down at the other; these being broken and discharged, she found fomething like another head come down also. She being alarmed at this ffrange circumstance, recourse was had to a gentleman of the profession; who being also puzzled, made a pretence to leave her, and afterwards fent a mefsage, defiring that another might be called. as he was indespensably engaged. But before any affistance could be procured, the woman was delivered by the labour-pains of a middlefized child; and it was not till fome months after that the fubstance was found to be a fcirrhous tumour or excrefcence of the polypus kind, adhering to the outlide of the os uteri, which was afterwards taken off by liga-

In some few cases, after severe labour. I have felt what I supposed to be hard cicatrices or callofities at the os uteri, vagina, and os externum, by which the delivery was retarded.

CASE IV.

In the year 1750, my attendance was bei Vol. II.

fpoke to a woman, who had recovered with great difficulty after a former tedious labour.

When I examined, the os uteri was open to about the breadth of a crown, the membranes, with the waters, were pushed strongly down, and I felt uncommon hardnesses and strictures at the os uteri, in the vagina, and at the lower part of the os externum.

The nurse who formerly attended her, told me, that for some days after her last delivery, little sleshy substances were now and then discharged, of a blackish colour and bad smell; and that a long time elapsed before she reco-

vered and was able to fit up.

The labour now proceeded very flowly, until the mouth of the womb was fully opened; and the membranes breaking, the contracted vagina was gradually stretched by the head of the child; for notwithstanding the callosities which still continued, the neighbouring parts yielded by degrees; and although it was long before the os externum was sufficiently dilated, at last the child was delivered.

I managed this case with great caution, because, from the impersect accounts of her former labour, I supposed there had been a violent inflammation, and that the callous strictures were the consequence of a partial mortification, which had been separated and cast

off by nature.

I kept her mostly in bed; and during every strong pain pressed my singers against the head, so as to abate the force of the protrusion, and allow time for the relaxation of the

ftric-

ftrictures; by which means the labour fueceeded beyond expectation.

NUMB. MI. CASE I.

Of the Detention of the SHOULDERS and BODY of the Child, after the Head is delivered.

In the year 1725, I was called to a patient in labour, after the child's head was delivered, as the midwife could not extract the body, though she had pulled a long time with a good deal of force. I found the navel-string surrounding the neck; and luckily hooking with my finger that part of it which was next the child's belly, it was so loose as to slip over the head: I undid two other circumvolutions in the same manner; and the child being disentangled, was immediately delivered.

I have, in many other cases, freed the child from the circumvolutions of the funis in the same manner; and was disposed to believe, that it was very seldom, if ever, necessary to cut and tie this rope before the delivery of the child, until my opinion was altered by

the two following instances.

CASE II.

In the year 1749, I was called in a great hurry to a woman, whose delivery was retarded by the same cause described in the foregoing case, and tried to disengage the child from the circumvolutions of the sunis, though without effect. Then, without waiting to

make a ligature in two places, as we are commonly directed to do, I infinuated my fingers between one of the turns and the child's neck. fnipped the funis in two with my scissars, and delivered the body of the child, which was dead.

The face and neck were very much fwelled, and in this last appeared a deep impression from the tightness of the circumvolution.

CASE III.

In the year 1751, I was concerned in another case of the same nature; and after having attempted, without fuccess, to disengage the child, by turning the funis over the head with my finger, I made a ligature in two places, between which I fnipped it afunder.

The confequence of this operation was the immediate delivery of a strong lively child; another ligature was made near the abdomen,

and the superfluity of the funis cut off.

In a few cases, I have found delivery retarded by the shortness of the funis; but the child was always fafely delivered, by turning the body along the breech of the mother.

CASE IV.

In the year 1730, I received a sudden call to a gentlewoman in labour: the child's head had been delivered a long time, and the midwife had pulled with a great deal of force at intervals. But before I arrived, the patient was delivered of a dead child, whose shoulders were remarkably large. I have been called

called by midwives to many cases of this kind, in which the child was frequently loft.

CASE V.

In the year 1753, I attended in a labour that was rendered tedious by the large fize of the body after the head was delivered. I attempted to bring down the shoulders in the gentlest manner, according to the directions in my treatife; but found I could not fuceced without using such force as would overstrain the neck and destroy the child; for the shoulders were so high, that I could not reach with my fingers to the arm-pits. I then introduced the blunt hook; but could not fucceed, without running the risk of breaking the arm, or overstraining the joint at the shoulder; and as the woman had strong pains, I resolved to wait their effect, without using any violence that might endanger the life of the child. Accordingly, in three pains, I brought the shoulder down to the os externum; then turning one of the arms into the hollow of the facrum, the body followed, and the child was born alive. From this, and other cases, I have learned to wait the effect of the labour-pains, rather than to use violence in pulling at the neck.

CASE VI.

Communicated in a letter from Mr A-, dated at E-, 1749.

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I HAVE had lately another melancholy case in

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in midwifery. I was fent for to a woman, aged forty, who had born feveral children before. When I came, I found the frontal and parietal bones separated from the rest, and without the vagina, the brain being evacuated. I flipped up my fingers, and found the os tincæ contracted about the neck of the child, and endeavoured to pull it away, but in vain. I then fent for Mr D. and Mr S.; neither of whom could come. I next fent for Mr L. who came; and I defired him to fee what he could do, as my fingers were numbed. He first got one hand into the uterus, and then flipped up the fingers of the other, and brought away the child. The woman's pulfe before delivery was strong, and she had little flooding: but we had not been gone a quarter of an hour when we were fent for again. They told us, that immediately after we went away, which was about five minutes after delivery, she was seized with a shivering and vomiting, and had fainted. We found her in a fwoon, and held spirits to her nose; but she could not swallow, and died in about half an hour after delivery.

Quere. What was the cause of her death? Was it owing to the lypothymia, occasioned by pain or loss of blood, which indeed was not confiderable? Or might it not be owing to a rupture of the internal orifice, which the

vomiting feems to have indicated?

ways had lately another melancholy only

The ANSWER.

I REALLY think you have had your share of bad and unsuccessful cases: but in all of them, especially the last, you acted with prudence in

fending for others of the profession.

In cases where the head is delivered, and the shoulders are so large, or the lower part of the uterus is so contracted, that the body cannot be brought away by pulling with moderate force; it the woman's pains have not entirely left her, or she is not in a dying condition from floodings or other symptoms, the best method is to wait for the effect of the labour-pains: for I have lately been concerned in the case of a weak woman, where the body of a live child was delivered half an hour after the head was without the os externum.

Now, as your patient was not weak, I think you might have waited and amused her with medicines. Or if she had turned weak, and nature seemed insufficient, you might have pushed up your hand, and after having stretched the contracted part, tried to deliver the child: if this method had failed, recourse might have been had to the crotchet, as the child was already dead. This being fixed upon the body, would, by dilating the thorax or costa, have diminished the bulk, and brought down one shoulder a great way before the other.

I cannot pretend to ascertain the cause of the woman's death.

308 CASES IN MIDWIFERY.

I have been concerned in feveral cases, where, though the os internum was tore, the patient has recovered without vomiting or any other bad symptoms; and have known other women die, as it were instantaneously, after delivery, though I always imputed such sudden death to their being exhausted by long labour, the sudden emptying of their vessels, and a greater loss of blood than their constitution could bear.

COLLECTION XXII.

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Of CHILDREN supposed to be dead-born; of the HEAD squeezed into different forms; of the Funis not sufficiently tried, broke short, or separated in a wrong place.

NUMB. I. CASE I.

Of Children supposed to be DEAD-BORN.

In the year 1757, I was called by a midwife to a woman in labour in the feventh month, who, before I arrived, had flooded a good deal, though the hæmorrhagy was

stopped grind vista tomb grinning as a

The patient was foon delivered of a child, to all appearance dead: and, after the midwife had tried the common methods of rubbing the temples and breast with brandy, whipping and holding onion to the mouth and nose, it was laid by in a closet. About five

minutes were confumed in these experiments, and in two or three minutes more, while I was prescribing some medicines to recruit the weak patient, I heard a kind of whimpering noise in the closet. Not knowing where the child was laid, I asked if there was a kitten confined in that place. The nurse immediately ran into the closet, and brought out the child, which was alive, and afterwards reared, though with great difficulty.

CASE II.

In the year 1749, I attended a woman in labour, and the navel-string presenting with the arm, I delivered the child by the feet. From the pulsation in the arteries of the sunis, I knew it was alive; but I found great difficulty in delivering the head, and was obliged to rest several times before I could effect it; so that the pulsation ceased, and the child seemed to be dead, after all the common efforts were used for its recovery.

Nevertheless I inflated the lungs, by blowing into the mouth through a female catheter, and the child gave one gasp; upon which I repeated the inflation at several intervals, until the child began to breathe; and it actually re-

covered.

NUMBII. CASE I.

Of the Child's Head squeezed into different Forms.

In the year 1750, I attended a woman; who had before been subject to lingering labours,

bours, occasioned by the small fize of her pelvis: at this time, however, the delivery was pretty quick, because the child was fmall, and the bones of the cranium eafily yielded and rode one another. But the head being fqueezed to a great length from the face to the vertex, I preffed the palms of my hands against both these parts, and with great ease brought it to a better form.

CASE II.

In the course of the same year, I attended a woman who had a large and well-shaped pelvis, and had formerly been favoured with very quick labours: but on this occasion, the child being large and the mother weak, the delivery was tedious; and though the child's head was compressed into a longitudinal form, I easily reduced it into the natural shape.

In all cases where the head was thus squeezed. I have been able to alter the form by a gentle pressure between my hands; unless it had been compressed for many hours by being retained in the pelvis, and then I have found it impossible to make an effectual alte-

ration.

NUMBIII. CASE I.

Of the FUNIS not sufficiently tied, broken Short, or feparated in a wrong place.

In the year 1726, I delivered a woman whose case was preternatural. Though the navel-string was thicker than usual, I thought

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I had tied it fufficiently; and the child being laid by the fire, continued in that fituation a good while before it was dreffed, because the attention of myfelf and the attendants was engroffed by the mother, who was extremely weak and low. After the was recovered and laid properly in bed, I went towards the child, and was very much furprifed to fee fo much blood loft, and to observe it still flowing from the funis. I no fooner discovered this. than I made another ligature on the outfide of the former; and, pulling it very tight, the difcharge leffened, though it did not entirely cease until I had made a third. The child, which seemed to be healthy and florid when first born, was exhausted by this hæmorrhagy, and continued weak and pale for feveral days, until it was recovered by fucking the mother.

Thick navel-strings require very firm ligatures, and a good portion of them ought to be left in the separation.

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In the year 1744, having delivered a woman whose case was laborious, I desired one of the assistants to hold the child before the funis was cut or tied, until I should move the woman a little further into the bed, that she might not run the risk of catching cold.

The affiftant, who received it in a hurry and trepidation, pulled away so suddenly, as to break the funis short from the belly; when

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the.

the midwife, perceiving the child bleed excelfively, took hold of the part, and preffed it firmly between her fingers and thumb.

I had just room enough to make a ligature, and was obliged to take a stitch with a needle, in order to secure it from slipping.

CASE III.

In the year 1745, after having delivered a patient of a fmall and weakly child, I tied and cut the navel-string, and put the child into the hands of a woman who pretended to great skill and experience, and had come thither to superintend my conduct. I no sooner laid hold on the funis, than feeling the ligature upon it, I was convinced that I had feparated the rope between it and the child's belly. and not a little disturbed, as I had to deal with a censorious matron. However, I recollected myself in an inftant, and defired to see the child, that I might know whether or not the navel-string had bled sufficiently, for by fuch a discharge I had often prevented convulfions in children. I immediately perceived the blood springing out from the arteries with great force, and before I could make a proper ligature, the child had loft three or four ounces; by which evacuation it continued feveral days in a very weak condition. Indeed, when the child is large, and the head has long been compressed in the pelvis, I have imagined, that by tying the ligature slightly at first, so as to let the funis discharge two or three spoonfuls, convulsions have been prevented:

vented: but this was a finall child, that paffed eafily, and could not well bear such an evacuation.

Nevertheless, my mistake turned to my advantage with the knowing lady, who was very loud in my praise for having found out such an effectual and extraordinary method of preventing convulsions in children.

COLLECTION XXIII.

Of Cases in which the Placenta was with Difficulty delivered.

CASE L

In labour in the feventh month, who flooded violently, and delivered her fafely of the child: but as the placenta did not follow, I introduced my hand, and felt some parts of it hard and scirrhous, which I separated with great difficulty. The flooding, which had stopped, now returned; and the patient in a little time fell into fainting fits, and expired.

CASE II.

In the year 1744, I was called to deliver the placenta in a woman who had miscarried in the fixth month. Finding it a case of the same nature with that described above, I resolved to act with greater caution; and extracted those parts only that separated with ease, leaving

ving such as strongly adhered, to come away of themselves.

I told the midwife my reasons for acting in this manner, and prognosticated that what remained would be expelled in two or three days, and pass for common clots or coagula. This accordingly happened, without any bad consequences to the patient.

CASE III.

In the course of the same year, about seven in the evening, I, at the defire of a physician, vifited a poor woman who had been delivered at eight in the morning; but, as the midwife had broken the funis in pulling, the placenta still remained, to the great terror of the patient and her friends. Imagining that a good deal of force would be required to extract it, I ordered the woman to be laid supine across the bed, with her breech to the fide, and her legs raised up and supported by two affistants. Then anointing my hand, and introducing it into the vagina, I gradually dilated the os internum; but found the lower part of the uterus fo strongly contracted, that I at first despaired of making further progress; and the force I exerted was fo great, and my hand went up fo high, that I was apprehensive of tearing the uterus from the vagina. Feeling the womb roll about, under the relaxed parietes of the abdomen, I pressed one hand on the outfide, to keep it down and prevent its motion, while I proceeded flowly, pushing up and stretching by intervals, with my fingers in the the form of a cone. By these means, I gradually dilated the parts, though I was obliged to change hands feveral times, because my fingers were cramped; and at length, with great difficulty, I reached the fundus, where the placenta had been fo strongly confined. Having gained my point thus far, I easily separated, and brought it gently along. ing me that at had

C A S E IV. non a sot non

In the year 1729, immediately after delivery in a laborious case. I introduced my hand to bring down the placenta, and it passed up, as I imagined, into the lower part of the uterus; pushing up farther along the navel-string, my fingers flipped into a contracted part, and the placenta felt as if it had been contained in a feparate cavity from the uterus. As I pushed up, in order to dilate the contracted part, it rose up higher and higher, moving from side to fide, under the relaxed parietes of the abdomen, until, by applying my other hand on the outfide, I preffed down the fundus, and kept it steady. Then I gradually dilated; and infinuating my hand into the part where the placenta was confined, I felt it lying loofe and detached from the fundus, feemingly retained by this contraction only; fo that it was eafily extracted.

From this, and feveral other cases of the fame kind, I was disposed to believe Dr Simpfon's theory concerning the contraction of the upper part of the neck of the uterus, until I found, in a great number of instances, the whole

316 CASES IN MIDWIFERY.

whole lower part of the uterus contracted, as described in the third case.

CASE V.

In the year 1745, I found, after delivery, the edge of the placenta at the infide of the os uteri, and waited some time to see if it would come away of itself; but the midwife informing me that it had continued in the same fituation for a confiderable time before I was called, and that she had tried the common methods of pulling at the funis, and directing the patient to bear down, I introduced my right-hand into the vagina, as the woman lay on her left fide, and pushing up along the navel-string, found the placenta adhering to the back-part of the uterus. Then grasping it with my whole hand, I attempted to separate: by fqueezing: this expedient failing, I attempted to part the upper edge with my fingers, but it adhered firmly at that part; and my hand being much confined, I withdrewit, and introduced the left with the back to the facrum. I now gradually feparated the lower edge of the placenta from the inferior and posterior part of the uterus; and finding it adhere firmer as I reached farther up, I preffed my fingers with greater force against these parts, which felt callous, and by degrees difengaged them from the uterus. By this time, imagining I had separated the whole placenta, I attempted to bring it along, by pulling at its lower part as well as at the funis; but thefe: efforts proving ineffectual, I pushed up again,

and!

and made a total separation; after which I brought it away in a very ragged condition: but the woman complained of a good deal of pain, lost an uncommon quantity of blood, and

continued weak for a long time.

I have often thought that this hurrying method was unnecessary, and productive of many complaints to the patient: for in many cases that have since occurred in my practice, the placenta, when the edge of it was found at the mouth of the womb, has come down of itself at leisure; the woman has lost less blood, and recovered better, than where force hath been used to extract it immediately.

C A S E VI.

In the year 1747, I was called to a woman who had been delivered several hours. The midwife told me she had at first tried gentle methods to bring down the placenta, but to no purpose; and afterwards introducing her hand along the navel-string, could not find it.

I infinuated my hand as she lay on her lest side, and found the placenta contained, as it were, in a distinct cavity at the upper part and lest side of the uterus; but as the patient moved from me, and could not be kept steady, and the uterus rolled about as I endeavoured to dilate the contracted parts, I put her in the position described in the third case, and extracted the placenta in the same manner.

The appearance here was different from any

any I had formerly felt: there was a pretty large space for the hand in the uterus, and the placenta felt as if it had been contained in a separate cavity on one side, the entry of which would at first scarce admit two or three of my

fingers.

I understood from the midwife, that the membranes had broken before delivery; that the woman was very big, and a large quantity of water had been discharged. This sudden evacuation, in all probability, was the cause of the womb's contracting itself into such a cavity around the placenta.

C A S E VII.

In the fame year, I was called to a woman in labour; and finding her belly pendulous, I ordered her to be laid on her back, with her shoulders low, and her breech raised. The child's head being small, she was soon delivered, and I defired the midwife to let the placenta come flowly away. Nevertheless, as it was not immediately expelled, and the was loth to lofe the credit of the operation, she pulled with fuch force as broke the funis close to the placenta, and afterwards introduced her hand to feparate, though without fuccess. I was then called from the next room to her affiftance; and being informed of the accident, took the opportunity of the patient's being still in the proper polition, to introduce my righthand into the uterus, to the fore-part of which I found the placenta adhering: but it was fo much forwards, that I could not separate while fhe VIII

fhe remained in that position; I therefore turned her on her left side, so as that my hand could reach farther forward, and effected the separation.

C A S E VIII.

In the year 1750, after having delivered a woman of a dead child, I found the placenta gradually descended into the vagina; and imagining it was fully disengaged from the uterus, I helped it along, by pulling gently at its under edge and at the navel-string. However, it was so tender, from being mortified, that some part of it was lest behind; but feeling the os uteri closely contracted, and the womb itself reduced to the size of a small child's head, I thought it was pity to give the woman fresh pain by dilating the parts; and the fragments were discharged in three days, without any other inconvenience to the woman than the bad colour and smell of the lochia, which gave no uneasiness or alarm, because I had apprised the nurse of what would happen.

CA SEE IX.

In the year 1752, I delivered the wife of a gentleman who had formerly attended my lectures. The placenta was expelled by the labour-pains, fo that I did nothing but help it through the os externum; but the membranes were tore all round from the edge of it, and detained in the uterus, which was contracted as in the former case.

The gentleman agreed with me that it was more prudent to let them come away of themfelves.

felves, than to run the risk of hurting and inflaming the womb; and they were accordingly discharged in four or five days, without the least inconvenience to the patient.

Vide Ruysch, Tom. 3. Dec. 2. p. 30.

And Mr Portal, Observ. XVL relating to the os internum, tore by its being mistaken for the placenta.

CASE X.

Communicated in a letter from Mr --- , dated 1746.

ABOUT nine in the evening, he was sent for to a woman who had been delivered of a live child that morning, but the placenta remained; and he found her in strong hysteric or convulsion fits, which recurred almost without intermission. The placenta adhered so firmly to the uterus, that with great difficulty he separated part of it, and what came away was brought off in several pieces: but the woman died in a few minutes after the operation.

These are only a few from the many cases of this kind in which I have been concerned.

When I lived in the country, I was feldom called to deliver women, except in laborious and preternatural cases; and then the woman was generally so weak and fatigued, that I was afraid of waiting; and therefore extracted the placenta soon after the child was born: but if the patient was not in danger, I commonly left that office to the midwise, whose method was to proceed with patience and caution,

tion bringing it away, by pulling gently at the funis, directing the patient to force down, or provoking her to puke by tickling her throat with a feather.

When I fettled in London, I found the practice in this particular quite different: the women were always in a fright when the placenta was not immediately delivered, when it was in the leaft lacerated, or when any part of it and the membranes were retained. For this reason, male practitioners were so often called; and they, from mistaken notions adopted from former writers, never failed to blame the midwives for having neglected fo long to deliver the placenta, observing, that if they had been called at first, before the uterus was contracted, they could have eafily prevented the bad confequences which were likely to enfue. Such infinuations alarmed the women: and, in order to avoid these reproaches for the future, the midwives did not wait as formerly but hurried off the placenta immediately after the child. But this practice did not anfwer their aim: for if the placenta was torn. or any part of it, or the membranes retained, and the patient chanced to be feized with a fever, perhaps from a different cause, so as not to recover in the ufual way, it was always imputed to the retention of these portions, and the midwife blamed accordingly.

I have been often amazed at the ridiculous and fuperstitious observations of practitioners with regard to the knots upon the funis, feirrhous appearances, and the different shape or

figure

figure of the placenta, which was often kept nine days in water, and the circumstances of the woman's recovery predicted from its colour.

I at first swam with the stream of general practice; till finding, by repeated observation, that violence ought not to be done to nature, which flowly separates and squeezes down the placenta by the gradual contraction of the uterus; and having occasion to perceive, in several instances, that the womb was as strongly contracted immediately after the delivery of the child, as I have found it several hours after delivery; I refolved to change my method, and act with less precipitation, in extracting the placenta. What helped to determine me upon this occasion, was a case in which the woman was fo weak, that I durst not venture to feparate, though I waited three hours, without finding the placenta at the os uteri; nevertheless, when she recovered a little, a few after-pains came on, and forced it down to the vagina.

Soon after this occurrence, in confulting Ruysch about every thing he had writ concerning women, I found him exclaiming against the premature extraction of the placenta. His authority confirmed the opinion I had already adopted, and induced me to choose a more natural way of proceeding. Either before or after I have separated the sunis and given away the child, I introduce my singer into the vagina, to feel if the placenta is at the os uteri; and if this be the case, I am sure it

will

will come down of itself at any rate. I wait fome time, and commonly in ten, fifteen, or twenty minutes, the woman begins to be feized with some after-pains, which gradually separate and force it along. By pulling gently at the funis, it descends into the vagina, then taking hold of it, I bring it through the os externum. But if, after having waited a confiderable time, without feeling any part of the placenta, or perceiving any natural efforts for its expulsion, I provoke the woman to retch; and if this expedient is not attended with fuccess, I infinuate my hand gently, and deliver the cake; observing always a medium between the two extremes of practice, namely, that of delivering too foon, and that of waiting too long for its expulsion. But it must be observed, that in laborious or preternatural cases, when the woman is in danger, I commonly affift fooner. helecircenitation when p

COLLECTION XXIV.

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Of laborious Cases, when the VERTEX prefents, and the Child's head is low in the PELVIS, and delivered with the Fillet.

CASE

N the year 1730, I was in the morning called to a woman in her first pregnancy, who had been long in labour, and very much fatigued by the officiousness of the midwise. I found the child's head at the lower part of the pelvis, where, as the midwise told me, it had remained from eight o'clock of the preceding night, though she had tried all the different positions; and I understood that the waters had been draining off for twenty-four hours.

Having lost some children, in cases of the fame nature, by turning, and others by being obliged to deliver with the crotchet, after having tried Mauriceau's fillet without success. I resolved to form a fillet into a noose, and endeavour to fix it round the upper part of the head with my fingers, hoping that I should fucceed in this case, because I found the head was fmall by moving my fingers eafily round it. Yet, before I would attempt this method, I prescribed ten drops of liquid laudanum, by which she procured some sleep. Her strength being recruited, the pains returned, though weakly, and the head was forced down a little by each, though it afterwards recoiled to its former situation; a circumstance which I at first imputed to circumvolutions of the funis. or the contraction of the os uteri round the neck of the child. The os externum having been fufficiently opened by the midwife, I tried to flide up the noofe mounted on my fingers, along the fide of the head; and, after many unfuccessful efforts, at length fixed it: then I pulled gently with one hand during every pain, while I prefied with the fingers of the other, at the opposite side; and thus pulling and moving from fide to fide, I made Shift

shift to deliver, though not without having used a good deal of force; and the hairy scalp was pretty much galled, but not fo as to en-

danger the life of the child.

When I introduced the noofe, I was certified that the difficulty did not proceed from the contraction of the os uteri round the neck. by feeling the os tincæ at the middle of the head; and when the child was delivered, the funis was not circumvoluted round the neck. fo that I could not find out the cause that retarded the labour: I continued several years in this uncertainty, until I discovered that, in many cases, this obstruction proceeds from the contraction of the lower part of the uterus before the fhoulders, or from the retention of these upon the pubes.

CASE

In the year 1733, I was concerned in a cafe of the fame nature, and found the woman much weakened by frequent discharges of blood. I delivered her, in the manner defcribed in the former case, of a child that had been dead for some days; though I was obliged to exert greater force, because the head was larger; by which means the scalp was more galled, and part of it torn from the cranium.

CASE III.

In the year 1737, I tried to use the fillet upon a child which was higher in the pelvis, but could not fix it until I pushed the head VOL. II. above

above the brim; then my hand having more room, I accomplished my aim, and succeeded better in this than in the former instance; for the hairy scalp was not so much galled, because the woman had stronger pains to affist the ex-

pulfion.

I tried the fillet in feveral other cases, without success; and was obliged to deliver with the crotchet, because the children were large. In the three cases I have related, the head being small, I attempted to turn and bring the child by the feet; but was prevented by the strong contraction of the uterus: and I am now certain, that had I then known how to use the forceps, I could have delivered with great ease, not only in these, but in several other cases where I sailed with the fillet.

COLLECTION XXV.

Of laborious Cases, when the head of the Child is low in the Pelvis, and delivered with the Forceps.

[Vide Vol. I. Book III. Chap. 2. Sect 4. No 1. Tab. XVII. XVIII. and XIX.]

NUMB. I. CASE I.

From WEAKNESS and ANXIETY of Mind.

IN April 1747, being called in the evening to one of the poor women who admitted my pupils, I found her in labour of her third

or fourth child, and reduced to extreme weakness by long fasting, as she had not been able to go abroad for feveral days to beg in the ftreets. I immediately supplied her with some caudle, bread, and broth: but her stomach was fo weak, that it could retain but very little; for, though I defired the should take it at first by cupfuls, she was so greedy of nourishment that she swallowed too much at once. However, she was afterwards restrained from doing herself an injury, and her stomach kept enough to recruit her strength, in some meafure. I found the os uteri largely open, and the membranes broken, and the head at the upper part of the pelvis. I left one of the eldest pupils to manage the labour, advising him to perfift in giving her nourishment, at proper times and in small quantity, and to let her lie mostly in bed, that she might enjoy some sleep and refreshment.

Indeed, when we first arrived, all of us were of opinion that she would expire; but in two hours I found her pulse raised, and her strength recruited, though she was still weak, and her pains seldom recurred. Thus she continued all night, fleeping between the pains; and when I called in the morning, I found the child's head advanced lower in the pelvis. I could then distinguish, with my finger, the ear at the pubes; and by the fore-part of it I discovered that the forehead was to the left fide of the brim of the pelvis, and the occiput down at the lower part of the right ischium. I likewise perceived that the head was not large.

because I could easily introduce my finger all round the lower part of it; and I selt the lamb-doidal suture crossing the end of the sagittal on the right, and the sontanel higher up on the left side.

I left her again, after having defired the pupil to proceed in the same cautious manner, hoping, that as the patient was much recruited, the pains would grow stronger, and deliver

the child.

the pains.

Being called in the evening, and underflanding that the pains were still weak, and the gossips uneasy, I examined in time of a pain, and found the head was lower, with the left ear turned to the left groin of the mother, the vertex pushed out in the perinæum and parts adjacent, in form of a tumour, and nothing retarded delivery but the weakness of

I waited an hour longer, encouraging the woman and her friends to exert their patience; but finding that, after she had undergone feveral pains, the head did not advance, and that I could easily assist the labour, I placed her in the position chosen for lithotomy, and gently dilated the os externum withmy fingers during every pain. When one was going off, I flipped up the fingers of my right hand to the os uteri, on the left fide of the vagina, introduced one blade of the forceps between them and the head, turning the blade upwards towards the woman's groin, over the child's ear, holding it in an imaginary line with the fcrobiculus cordis: then withdrawing my right hand hand, with which I took hold of the handle, I introduced the fingers of my left on the oppofite fide, but more backwards to the space betwixt the facrum and ischium, where the other ear was fituated, within the os uteri; and preffing the head against the blade that was introduced, so as to keep it in its place, I with my right hand infinuated the other blade in the fame manner on the right fide of the vagina. Having secured and locked them together, I waited for a pain, and then pulled gently; by which means the head advanced flowly and gradually. This operation I repeated during every pain; the os externum was gradually dilated, the child's forehead turned into the lower and back part of the pelvis, and the vertex came out below the os pubis. By this time the tumour occasioned by the distention of 'the external parts was become much larger, the perinæum was extended near three inches, the fundament stretched to two, and the parts between this and the coccyx much enlarged. The occiput coming out from below the os pubis, fo as that I could, with my finger, feel the back-part of the child's neck, I stood up, turned up the handles of the forceps, and gently moved from blade to blade, while at the same time I pressed the flat part of my hand upon the perinæum, to prevent its being lacerated. Thus I continued pulling upwards, by intervals, until the head was fafely delivered; then taking off the forceps, the body was easily extracted.

While I was employed in tying the funis,

fome of the pupils observed, through the thin covering, that the woman's abdomen was still very big; and on examining in the vagina, I felt the membranes and waters of another child, which I brought by the feet, after the patient had taken some wine and water, and recovered of the fatigue of the first delivery.

I used the forceps in this case, as a pair of artificial hands, to affift the delivery, because the pains were too weak to expel the

child.

CASE II.

In that fame year, I and my pupils attended another woman, in labour of her first child, who was reduced to a very weak and low condition, by a tertian ague and extreme poverty. I was obliged to affift with the forceps, in the fame manner as in the foregoing case; but the head was not so soon delivered. because the parts were more rigid. One of my female pupils first observed that the abdomen was very large after delivery; and I found there was a fecond child, which was likewise brought by the feet.

CASE III.

In the year 1749, I was called to a woman who was taken in labour of her first child, and reduced to a very low state by violent floodings, with which she was seized in the beginning of labour. According to the midwife's report, I found the mouth of the womb open

and backwards, and the waters were not yet discharged. As the patient lost blood very fast. I introduced a finger into the os internum, and brought it forwards towards the pubes, and this irritation produced a pain which pushed down the waters and membranes: these I tried to break; but not succeeding, I with two fingers pulled forward the os uteri a fecond time; and another pain enfuing, I flipped the point of my sciffars between them, and as the child's head lay at a distance, easily snipt the membranes. The waters were immediately discharged in great quantity; and as the head came lower and locked up the parts, the flooding diminished. and in a little time entirely ceased. I then directed the woman to take a little broth frequently, and some wine and water, or caudle, until the broth could be made, and defired the attendants to give her two spoonfuls of the following mixture every now and then, as a cordial. most washadly to a similar

B Aq Cinnamom. Simp. 3v. Tinet. Thebaie. gut. x. Syr. e Meconio. 3ij. M.

Her pulse being very low, the pains ceased for a considerable time; but by degrees she recovered from the extreme languor occasioned by loss of blood. As the discharge was stopped, I exhorted the women to wait patiently for the efforts of nature, and ordered the midwise to keep her quiet, and continue to administer the broth by little and little, as her stomach could bear it, until the loss of blood should, in some measure, be supplied. At the

fame time, as the was inclined to doze, I defired that she might have no more of the cordial. These directions I left in the evening; and I was called again at fix next morning, when the midwife told, me the pains had returned foon after I left the patient, but were so weak, that although the child's head was come low down, it could not be delivered without affistance. Upon examination, I found the vertex at the os externum, and the backpart of the neck at the pubes. The patient, though much recruited, being still weak and the pains languid, I directed the midwife to proceed in Supporting her with the broth, and prescribed a cordial mixture, without any opiate, to amuse the woman and her friends, it is a said of namow ods hoffer

I received another call at twelve, when I found things in the fame condition; the pains being so feeble, that although the vertex was at the os externum, they had not force fufficient to propel it: I therefore began to dilate the os externum gradually during every pain, and moving her breech to the fide of the bed, though, in confideration of her weakness, I let her lie on her left fide. I introduced the blades of the forceps, one after another, at each fide, between the facrum and ischium, moving them forwards over the ears of the child; and although I could not reach the os uteri with my fingers, yet they passed without much difficulty. When they were exactly opposite to each other, and in a line with the scrobiculus cordis, I managed them

as in the two former cases, and delivered the head slowly.

CASE IV.

On the third day of July 1750, I received a message from a midwife, desiring me to prescribe some medicines to quicken the labour-pains in a woman whom she attended. As I was then engaged, and would not prescribe without being more fully informed of the patient's condition, I sent one of my elder pupils to receive a more perfect account from the midwise herself; who told him, that the poor woman had been three days in labour; but would not allow him to examine, though she earnestly requested my assistance.

As foon as I was difengaged, I accompanied him to the place, where I found this loquacious midwife extremely ignorant, without the least tincture of knowledge in her profesfion. When called to the patient, whose pains were just beginning in this her first labour, she had walked her about and fatigued her fomuch, that she was quite exhausted, and the pains had entirely ceafed. She faid she had done all that lay in her power to make room for the child, and that her fingers were fwelled and painful with stretching the birth; but fhe could not inform me how long the waters had been discharged. Finding, upon examination, the head at the lower part of the pelvis, and the hairy fcalp of the child, as well as: the os externum of the mother, very much

fwelled, I ordered her to be put to bed, prescribed an anodyne mixture of Aq. Fontan. 3v. Tinel. Thebaic. gut. xx. sweetened with sugar, directed her to take two spoonfuls every half hour, in order to procure fleep, and applied to the os externum a large poultice of loaf-bread and milk, with hogs-lard. These steps were taken in the evening; and I was again called at three o'clock in the morning, when I went, attended by my pupils, who were permitted to be present. The woman had enjoyed tolerable rest, and the poultice being removed and the parts washed, we perceived the swelling was much abated. We therefore waited feveral hours, in expectation that the pains would increase, fo as to dilate the os externum flowly, and effect the delivery. In this hope, however, we were disappointed: then I resolved to assist with the forceps, as the head was fo low down; though it was fo fwelled, that I could not distinguish its position: for I could feel neither future, ear, or back-part of the neck. Nevertheless, I concluded, that as it was fo low down, the ears would be to the fides of the pelvis, especially as the fost parts below were protruded by the head, yet not fo much as to allow me to reach to the forehead, if backward, by introducing a finger in the rectum. However, I thought it highly probable that the forehead was backward towards the facrum, rather than forward to the pubes; and, in this persuasion, I directed the woman to be laid on her back across the bed, with her breech a little over the fide, her head heing ing supported by the bolster and pillows, and two affiftants holding afunder and supporting. her legs. Then I introduced a blade of the forceps on each fide of the head; and gradually affifting as in the foregoing case, delivered the woman without lacerating her parts, or even marking the child's head.

omali in e C A S E V.

Communicated in a letter by Mr PUDDECOMB, at Lyn Regis, 1743.

He was called to a woman who had been two days and nights in labour, and very much fatigued. The pains had left her; and though the head presented at the upper part of the pelvis, he delivered her fafely of a live child, whose head retained no impression or mark of the forceps.

-ino vigrantina had ancie a suported CASE VI.

Communicated in a letter from Mr JORDAN, dated' Folkstone, 1751.

THE woman had been for a confiderable time in strong labour, so that her face was excessively swelled, her eyes ready to start from her head, and she was hardly able to speak. The labia were very much tumified, the vertex presented, the head was low in the pelvis and lay diagonal, the forehead being to the fide of the facrum, and the occiput at the mother's groin on the opposite side, in which si-P 6 tuation tuation it had continued for the space of five hours.

After having placed her in a fupine posture, he introduced the forceps, and delivered her of a dead child. As she laboured under a dyfuria from the tumefaction of the parts, cataplasms were applied, and in a few days carried off that complaint.

He likewife wrote that he had in the fame manner delivered a young woman of a live

child.

C A S E VII.

Communicated by Mr BROOKES, in a letter dated North Walfbam, 1749.

The woman had been long in labour, and the waters were discharged. The child's head was low in the pelvis, the forehead being towards the lest ischium, but so strongly compressed that he could not raise it. He was therefore obliged to introduce the forceps diagonalwise, so that one blade was at the fore-part of the ear, and the other at the back-part of the other ear. After having turned the forehead backwards into the hollow of the sacrum, he delivered the woman; and the midwise and all present were agreeably surprised when they heard the child cry, as they took it for granted its life could not be saved.

Mr Brookes fays he did not use this method until after he had waited two hours, to see if, by dilating the parts, the child, which was the woman's first, could not be delivered by the labour-pains. bilety the transitives when I shippy then

NUMBII. CASE I.

From ANXIETY of Mind.

In Nov. 1745, being called to a patient, the midwife told me that the labour had gone on as well as fhe could defire; until an officious woman came in, and, in her hearing, faid there was a fire in the neighbourhood. She was so much alarmed and affected at this report, that she was immediately seized with faintings and shiverings, and her pains in a manner ceased.

Upon examination, I found the head low in the pelvis, the back-part of the neck being at the upper part of the pubes; from whence I concluded, that the forehead was turned to the concavity of the facrum, and that the ears were at the fides of the pelvis, all the back and lower part of which was filled up with the parietal bones.

The patient being of a weak and lax habit, her pulse low, and her spirits depressed, I prescribed the following jalap.

B. Aq. Cinnamom. fimp. 3v. Cinnamom. Spirit, 36. Tinet. Caftor. Sp. C. C. a gut.xxx. Confect. Cardiac. 38. Syr. Croci. 38. M.

Of this she took two spoonfuls frequently; by which her strength was a little recruited, but her pains continued weak, and feldom recurred; and I plainly perceived, that the labour

bour was retarded by nothing but the want of stronger efforts; for I knew the child was small, because I passed my singers all round the head, which was not retracted after a pain.

I had placed her in a position betwixt sitting and lying at the bed's-foot; one woman being behind to hold up her head and shoulders, and two others on each side to support her legs, in hope that the weight of the child might assist the delivery. But sinding, that although the head was so low, it did not advance; and having waited to no purpose for the effect of a great many successive pains, which I encouraged and endeavoured to increase, by stretching every now and then the os externum with one or two singers, I thought it would be the safest method, both for the mother and child, to assist as in the former cases of this collection.

Although a supine position would have better favoured the introduction of the forceps; yet as the patient was weak, and the weather cold, I kept her on her left side, her breech being moved to the bed-side, and her knees up towards the abdomen, with a pillow be-

tween to keep them afunder.

Then infinuating two fingers of my right-hand between the facrum and left ischium, to the infide of the os uteri, I with the other introduced one of the blades, turning it forwards to the left ear of the child: now withdrawing my right-hand, with which I held this blade, until I pushed up the fingers of the left-hand

at the other fide, between the facrum and right ischium to the os internum, I introduced the other blade, moving it forwards over the right ear, and taking care as I went up to turn the handles of the forceps more and more backwards. Finding the blades exactly opposite to each other, I locked them, and began to pull gently from blade to blade during every pain. As the head advanced and dilated the os externum, I with my right-hand turned the handles of the forceps more and more towards the os pubis, at the fame time pressing the palm of my left-hand upon the perinæum, which was now pretty much distended. In a few pains the head was delivered, by moving the handles, with an halfround turn, towards the abdomen and between the thighs, while with the other hand I flipped back the perinæum over the forehead and face of the child. Then taking off the forceps, the body was delivered, and the placenta coming down was foon extracted.

CASE II.

In the year 1746, my attendance was bespoke to a woman who lost her husband during her pregnancy. She was naturally of a weak and delicate habit of body; but her weakness was so much increased by the grief produced from this misfortune, that she looked like one starved by want of sleep, appetite, and digestion. When labour came on, I was afraid the would fink under it; for the fainted and the state of the state of the

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feveral times, and threw up every liquid or

cordial that was given to support her.

I kept her constantly in bed; and as it was her first child, the os uteri was very slowly opened by the waters and membranes, which luckily did not break until this part and the vagina were fully dilated. As for the os externum, which I feared would not fo easily yield, it was lubricated with pomatum, and I every now and then gradually stretched it with my fingers during a pain. When the membranes broke, a large quantity of waters were discharged; the child's head being small, foon came down to the os externum; the pains entirely ceased; she could now keep some broth on her stomach, lay a long time quiet and eafy, and enjoyed some sleep; by which the was very much refreshed.

In about two hours after the waters ceased to flow, she was taken with some slight pains; by which the head was propelled in a slow manner, and pushed the external parts a little outward, though it had not force sufficient to

dilate the os externum for delivery.

After having waited in vain a confiderable time, in hope that the pains would at last effect this dilatation, and the patient's strength beginning to fail again, I applied the forceps; and delivered her pretty much in the manner described in the foregoing case.

C A S E III.

In the course of that same year, I was called to a woman by some of her neighbours;

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who told me it was not known that she was with child until she was in labour, when her mother had beaten, abused, and exasperated her to such a degree, that she had become frantic; and in her turn threshed the mother, midwise, and all present, who had at length locked her in a room by herself: they therefore begged I would visit her, and bring my

pupils along with me. answered that the war

We found her lying in bed, so sullen, that she would not speak when the women told her they had brought several doctors to keep her in order. I examined as she lay; and feeling the child's head low in the pelvis, waited a long time for a pain, but to no purpose; she seemed to be afraid, and lay very quiet. Her breech being moved towards the bed-side; some of the gentlemen kept her in that position until I introduced the blades of the forceps as in the two last cases; with this difference, the forehead was backwards, though towards the right-side, that is, to the membranous part that fills up the empty space between the facrum and ischium.

She lay quite calm and refigned while I introduced and placed the blades opposite to each other, and locked the handles firmly with a fillet, to prevent their slipping off the head, in case she should prove refractory; then, she having no pains, I pulled the head lower and lower, until the perinæum and fundament began to distend, when I turned the forehead more backwards into the concavity of the facrum and coccyx. I afterwards pull-

ed at intervals; and as the head advanced; and os externum stretched, I turned the handle of the forceps more and more towards the the pubes, and delivered the head and body of the child as in the two former cases.

I have often been called, with my pupils, to the affiftance of poor women, who were reduced to a fick and weakly condition by poverty and the want of the necessaries of life, as well as by being fatigued by midwives, who, to use the common phrase, had put them too foon upon labour. Many of these women have, by means of rest and nourishing things, recovered (strength, and been delivered by the labour-pains; though fometimes, when the child's head was low down, and the pains fo weak as to prove ineffectual, I have, as in the above cases, used the forceps, without doing any violence to mother or child. It has a some flat part off it as some

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Communicated by Mr AYRE, in a letter dated Bofon in Lincolnsbire, 1748.

WHILE he attended my lectures in the year 1746, he was called to a woman, who, the day before, had complained of an headach, to which she had been sometimes subject: early in the morning the was seized with convulsions, and lay insensible between the fits.

He found the os uteri open to the breadth of a crown, and very thin; understood the memmembranes were broken; and the convulsions acted as labouring-pains. A small slooding beginning, he tried to assist by stretching the parts, which yielded with some difficulty; and the head being advanced, he delivered the child with the forceps, which had made a small impression, though without excoriation.

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The woman continued infensible for three days, but had no fits after delivery, except a few that were slight in the evening; and she at length recovered. The child, too, which was weak at first, did well.

CASEV.

A ROBUST young woman, in the ninth month of her pregnancy, was, without any apparent cause, suddenly seized with violent convulsions about fix o'clock in the morning, after having complained all night of an headach, and fickness at her stomach with vomiting; which, however, ceafed when the was taken with convulfions. About ten o'clock I found her violently convulsed, and the os tincæ a little-opened: as she had a florid complexion and full pulfe, twelve ounces of blood were immediately taken from her arm, a stimulating glyster was injected, and a cephalic julap prescribed; but notwithstanding these remedies, she continued convulsed and quite insensible. Being called again by the midwife at eight o'clock, I found her extremely low, her pulse being scarce perceptible; and upon examination, I perceived the child's head was, by the violence of the convultions, forced low down into the cavity of the pelvis, with the ear towards the os pubis, and the forehead turned to the os ilium on the left fide.

The forceps being introduced in the manner described above, the woman was readily delivered, and the placenta, which sirmly adhered to the fundus uteri, was afterwards brought away. She seemed easier after delivery; but her pulse was so low that it could not be felt, and she expired in about half an hour.

From all these circumstances, it plainly appears, that if the woman had been sooner delivered, she might have recovered, as well as the person mentioned in the former case.

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COLLECTION XXVI.

Of difficult Cases from the Rigidity of the Parts, Circumvolutions of the Funis, and Contractions of the UTERUS, in which the Forceps were used.

NUMBI. CASE I.

From RIGIDITY.

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IN May 1742, I was called to a young unfortunate creature, about the age of fifteen, who was in labour. The membranes were broken before I arrived; and the os uteri, which

which was open to the breadth of half-a-crown. was very thin, but felt rigid in time of a pain. date tended has would be and worth

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Labour proceeded very flowly all night; and when I returned in the morning, I found the child's head low in the pelvis, and the vertex protruding the parts below in form of a large tumour; but the os externum was fo strait and rigid, that I could scarce introduce two fingers; and the pains were fo ftrong, that I was afraid of a laceration. In order to prevent this, I, with the palm of my hand applied against the perinæum, restrained the force of the head, and when the pain went off, dilated the os externum by little and little. However, two hours elapsed before it was fo opened as to admit all my fingers; which were fo tired and cramped, that two of the pupils were obliged in their turns to affift in the fame manner; and in about two hours more, it was fo largely dilated, as to receive about one-third part of the child's head, that pushed out in a conical figure.

By this time the poor creature was very much fatigued; and the pains were become fo languid, that there was no longer occasion to press the hand against the external part. Though we continued to encourage her, and support her with caudle and broth, that the parts might have time to diláte, she and they grew gradually weaker and weaker; and I began to be afraid, that if affiltance should be longer delayed, she might be in danger of her life; for the was every now and then at-

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tacked with fainting-fits. When her pains began to grow languid, I had placed her in a posture betwixt sitting and lying, with her breech to the bed's foot; so that, without altering her position, I applied the forceps, and with great difficulty delivered her of a child; whose head being large, was squeezed to a great length, but in a few days retrieved its round form.

The parts of the mother were so much inflamed, that for several days she laboured under much pain and difficulty of urine.

C A S E II.

In the following year, my attendance was bespoke to a woman in her first pregnancy, turned of forty, and of a thin though healthy constitution. The pains proceeded slowly, as in the former case; so that three days elapsed in a kind of lingering way before the rup--ture of the membranes, which were pushed down in form of a long gut. The waters being discharged, the child's head, which was fmall, advanced downwards, pushing before it the os uteri, which was not enough dilated to allow it to pass. This I kept up during every pain, stretching it with my fingers, until I flipped it all round over the head. As the os externum, in the former case, had given me so much trouble, I now began in time to dilate it during every pain; and fucceeded fo well, that I was in hope the head would not be long retained after its arrival at that part.

I found this precaution was right; for the woman had been so much and so long fatigued before the os uteri and vagina were sufficiently distended, that when the head came down and pushed out the external parts, her strength and patience were almost quite exhausted: nevertheless, by amusing and encouraging her, she exerted her courage and fortitude for two hours longer, though to very little purpose. At last, perceiving the pains were too weak to force down the head, and dilate the parts fo as to let it pass, though about onefourth part of it was already protruded through the os externum: observing these circumstances, I say, I tried to introduce the whalebone fillet described in my treatife, and alleged to be an excellent contrivance for helping along the head in fuch cases. This I endeavoured to infinuate betwixt the child's head and facrum of the mother; but as it could not be properly fixed over the chin, I withdrew it; and applying the forceps along the ears at the fides of the pelvis, affifted the delivery as in the former case.

The child was large; and the head being compressed into a lengthened form, produced convulsions; of which, however, it recovered, in confequence of my allowing the funis

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From Circumvolutions of the Funis, or Contractions of the UTERUS. adding temperatural parties and increase infrience files

In May 1748, one of the poor women attended by my pupils was taken in labour; which went on in the common way. The membranes and waters pushing down opened the os externum; and when they broke, the head came down to the middle of the pelvis; but when propelled a little farther by two or three fuccessive pains, it returned to the same place, and continued to advance and retreat in this manner for the space of several hours ; fo that the woman was much fatigued, and the pains became weaker and less frequent. As this difficulty neither proceeded from the large fize of the head nor the narrowness of the pelvis, I concluded it must be owing to the funis rather than to the contraction of the uterus before the shoulders; because this contraction of the head happened immediately after the rupture of the membranes, and before all the waters were evacuated; and I was certain that it could not be occasioned by the expansion which happens in the abdomen of a dead child, because I plainly felt it alive by the motion of its head.

Thus convinced, I directed the patient to be placed in a posture between sitting and lying; which I imagined might affift the delivery. When the head was forced down in time of a pain, I introduced a finger into the

rectum,

rectum, and tried to keep down the head; but could not reach fo high up as the forehead, which was to the right fide of the facrum. I then, during every pain, gradually opened the os externum, which eafily yielded, the woman having had children before, and introducing a blade of the forceps along each ear, that is, one at the left fide of the facrum and the other at the right groin, I locked them together; fo that when the pain recurred I could keep the head down, and prevent its being retracted. In the time of the next pain I brought it lower, and turned the forehead into the hollow of the facrum; and in two pains more it was advanced to the lower part of the coccyx. When it was in this fituation, I introduced two fingers into the rectum to keep it down; but it being still too high up, I, during the next pain, brought it lower; when, finding I could command the head by pressing my fingers against the finciput at the root of the nose, I took off the forceps with my other hand, and helped the head along in the manner described in the lingering cafes.

The funis being thirty inches in length, was twice circumvoluted round the neck, and

once round the arm.

C A S E II.

In the month of September of the same year, I attended a private patient, who had been very much weakened by flooding from time to time. The membranes broke, and Vol. II.

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the labour proceeded tolerably well; but when the head came low down, it was drawn back after every pain, as in the former cafe.

Having fixed the forceps, I brought the forchead down below the coccyx; but as her pains were weak, and this was her first child, I kept on the instrument until one-third of the head was without the os externum, and I found I could easily keep down the head by pressing my singers against the external parts on each side of the coccyx. After having taken off the forceps, I, during each succeeding pain, pressed the head upwards with that hand, while with the singers of the other I slipped the os externum over the child's head. The funis was uncommonly short, and once round the neck.

CASE-III.

In August 1750, I was, at three in the morning, called to a woman in labour, by a midwife; who told me the waters had been discharged two days, even before the os uteri was much opened; that after this discharge the pains were lingering, and some part of the waters continued to dribble until the evening before I was called, when the head came lower down; but now it was after every pain drawn back out of reach, and the pains were grown much stronger.

I took the proper opportunity of examining, and found the head propelled to the middle of the pelvis by every pain; after which it was

drawn back to the upper part.

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After having feen her undergo feveral strong pains, by which the head was not at all advanced. I eafily introduced my hand into the vagina of the patient, who had born feveral children; and as the pain abated, raifed the head so high above the brim of the pelvis, that I could pass my right-hand flattened along the left fide, and over the forehead and face of the child, where I found the lower part of the uterus strongly contracted. I continued to pull farther up and dilate the part, fo as to be able to bring the child by the feet; but finding this expedient impracticable from the force of the contraction, I withdrew my hand in the beginning of a pain, and the child's head was immediately forced down to the os externum, though it was afterwards retracted However, hato the middle of the vagina. ving fucceeded fo far, I waited for the effect of feveral pains, which I hoped would force the head lower down, now that it had made fuch progress; but finding my expectation disappointed, and knowing it would be an eafy task to assist the delivery, I had recourse to the forceps. One ear of the child being to the pubes and the other to the facrum, and the woman lying on her left fide, I would not alter her position, but brought her breech to the bed-fide, and moved her head to the upper and back part of it: then fitting in a low chair behind the patient, the forceps being privately disposed, I easily introduced the fingers of my right-hand to the os uteri, between the pubes and head of the child, which

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was small, and insinuated one blade of the forceps gently, that I might not hurt the bladder; then I introduced the other blade upon my left-hand, between the other side of the child's head and the sacrum, carefully turning back the handle in order to humour its curve; and being certain that the instrument was well fixed, pulled gently from blade to blade, and kept the head from being retracted as the pain abated.

I continued to affift in this manner during every pain, until the occiput was brought to the lower part of the right ischium; then turning the forehead into the concave part of the facrum, the occiput came out from below the pubes, and the head was flowly delivered.

CASE IV.

In October following, we had a public case of this nature, at which my pupils attended. The waters had been long discharged before the head was forced into the pelvis, and we managed the labour in the cautious manner described above; yet after I had dilated the parts, and applied the forceps, I could not, by repeated trials, bring the head through the os externum. Being affured from experience, that the obstruction proceeded either from the contraction of the uterus or the detention of one shoulder above the pubes, and not from a tumefaction of the abdomen, because I felt the pulsation, though very weak, at the fontanel, I disengaged the instrument, and,

and, raising the head again, found the difficulty was owing to the left shoulder's being

over the pubes.

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As the woman lay on her back, I introdueed my right-hand, but could neither force the shoulders to the right side of the pelvis, nor push the child farther up, so as to bring it by the feet, though the head was not large. I then withdrawing my right introduced my left hand on the other fide, and raifing the head, tried again to push up at the anterior parts of the child, fo as to reach the feet: but failed once more from the strong contraction of the uterus. However, getting hold of the left arm, I brought it down: and as I withdrew my hand, the head followed to the os externum and lower part of the pelvis. I turned the right arm to the right fide of the facrum, the pains being weak, again fixed the forceps, which I moved in a proper manner; and pulling gently at the hand, delivered the head, which was followed by the body.

CASE V.

In June 1751, I was called by a midwife to a woman who had been many hours in labour, and found, that after the discharge of the waters, the head was forced low down by every pain, but afterwards drawn up again. I was likewise informed, that formerly she used to have large children and quick labours.

Encouraged by this intimation, I tried to

turn the child, but was prevented by the strong contraction of the uterus; but in making this trial, and raising the head, I not only found the suris surrounding the neck, but likewise the uterus contracted before the shoulders. This last I dilated with my singers as much as possible; then withdrawing my hand, applied the forceps and delivered the child, which had been dead for some days. The suris was three times round the neck, being much tumised, and of a livid colour.

COLLECTION XXVII.

Of laborious Cases, occasioned by the large Size of the Child's HEAD, the Narrowness or Distortion of the Pelvis, when the Head is low and delivered with the Forceps.

[Wide Vol. I. Book III. Chap. 3.]

NUMB. I. CASE I.

From the large Size of the CHILD.

In the year 1745, my attendance was befpoke to a woman who had lost her first child in consequence of its large fize. This second labour went on in the usual way, until the os uteri was largely opened by the waters and membranes, which breaking, the vertex advanced to near the middle of the pelvis: then the pains ceased for about two hours; during which the patient lay easy, and enjoy, ed some sleep. After this intermission, a pain began to recur every now and then; and a good deal of water being discharged, they returned frong and frequent; as for the patient, whose constitution was weak, I kept her mostly in bed. od sandau at ampilda enve

The parietal bones began to ride each other, the hairy fealp became loofe and wrinkled. and the head was gradually and flowly fqueezed down to the lower part of the pelvis. where it remained for a confiderable time. The occiput was strongly pressed against the lower part of the right ischium, the fontanel being at the upper part of the left; but the head was fourezed to fo great a length, and fo firmly compressed against the inside of the pubes, that I could not reach the ear with my finger.

After many strong pains, the patient's strength and spirits began to flag; and both fhe and the friends became apprehensive that this child also would be loft, notwithstanding the encouragement I gave, by telling them, that I had delivered many women of live children after they had been much longer in la-

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and the pains grew weaken I upplied the ruod The force of the pains was by this time, abated; yet every now and then she was taken with one stronger, that forced the head a little lower, so that I could feel the child's left ear towards the left groin of the mo-

At length the patient being still more funk, and

and perceiving no further advance towards delivery. I introduced the forceps as the lay on her fide; and during every pain tried to bring the head lower, and turn the forehead backwards to the facrum. But in this attempt the instrument began to slip, so that I was obliged to unlock the blades, and move each upwards again over the ears: the handles being fixed and tied with a garter, I turned the patient on her back, and directed an affiliant on each fide to support the legs: matters being thus disposed, I waited for a pain, and gradually delivered her as in former cases. The child, whose head was squeezed into a lengthened form, fremed at first to be in a convulsion, but soon recovered in consequence of my letting the funis discharge? about two or three spoonfuls of blood.

CASE II.

In March 1746, I was called by a midwife to a cafe refembling the former, and tried the whalebone fillet, (Vide Tab. XXXVIII.) which I could not get over the chin; so that finding the principal hold was on the face, I withdrew it, and waiting some time until the patient and the pains grew weaker, I applied the forceps, with which I delivered, as in the other cases of this collection.

My reason for withdrawing the fillet, was because I durst not venture to exert so much force as was requisite for delivery, lest the part of which I laid hold should have been galled to the bone; for I knew one instance in which the fillet had been used, and actually scalped the child; and another, in which the child's under-jaw had been cut to the bone by the force of pulling.

C A S E III.

In the course of the same year, being called to a woman who, according to the midwise's report, had been three days in labour, I found the child's head at the lower part of the pelvis, and a large tumour on the vertex, protruded without the os externum. She had been in a slow kind of labour all Saturday and part of Sunday, when the membranes breaking, the pains became strong, and continued so all Sunday night; by these the head had been pushed down, but did not advance farther than the situation in which I found it.

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The patient was much exhausted by fatigue and the length of the labour. Her pains being languid, I prescribed a cordial mixture, with Confect. Cardiac, and slowly dilated the os externum during every pain. By these efforts the pains grew stronger, and I expected the head would soon be delivered. But being disappointed in my hope, I thought it was pity the woman should be kept any longer in such a disagreeable way; and as she lay on her left side, I endeavoured to raise the head, so as to know its position. I failed, however, in my attempt, and there was no room for introducing a singer or two to feel either the neck or car at the pubes; though, as the head.

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was fo low down, I thought it was probable that the ears were to the fides of the pelvis. I then directed her to be turned on her back. and supported by affistants, as the patient in the former case; and sat down with a resolution to deliver, either with the forceps or crotchet, in order to fave the woman's life; though I determined to try the forceps first, that the child also, if possible, might be faved. As the head, which was compressed into a great length, filled up all the lower part of the pelvis, fo that I could not introduce my fingers to guide the blades of the forceps on the infide of the os uteri, I attempted to introduce them feveral times, until I was certain that they were fafely past this place, and not on the outfide of the os tincæ. Being convinced that I had fo far gained my point, I began to bring the head lower during every pain; and at last delivered the woman of a dead child, whose head was squeezed to a great length.

IV. CASE

In the year 1751, I attended a woman in labour of her first child. She had undergone lingering pains all Sunday night, and I was called next morning at feven. But the pains being inconfiderable, the membranes unbroken, and the patient referved, I was not allowed to examine until ten, when the pains grew stronger. Introducing my finger into the vagina, I felt the rectum full of indurated faces, the os uteri foft, thin, and pretty open, the waters pushing down the membranes: and when the pain went off, the child's head refting against the upper part of the pubes. At the few beed edt . guiesom insa

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I immediately prescribed a glyster, which operated to fatisfaction; and as the had enjoyed some sleep in the fore-part of the night. I defired the might rife until the bed could be prepared before labour should be far advanced. Every thing proceeded in an easy and flow manner, and she took her pains in an easy chair, till about twelve, when she was pretty much fatigued. I then directed her to take fome pains on the bed, and now felt the os uteri largely opened, the membranes pushed down large and full to the os externum; but the head was not at all advanced.

Judging from this circumstance that it was large, I would not allow her to be put in naked bed too foon, because if, after the rupture of the membranes, the head should not come down without difficulty, it might be necessary to affift the delivery by different politions; and in the mean time, as the pains were strong and frequent, I directed them to get ready cloths to receive the waters as the lay on her fide, for I now expected that the membranes would foon give way. Accordingly the waters were in a little time discharged; but perceiving that the pains foon after abated, and the head did not advance, I allowed her to rife and walk about; and she took her pains sometimes in a flanding and fometimes in a fitting polition: though, in order to prevent her he-

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ing fatigued, the every now and then refted on the bed, half fitting and half lying. By these means the pains increased, and at two next morning, the head was advanced to the os externum and lower part of the pelvis. That it might not be detained too long in this fituation, I began to dilate the os externum a little during every pain; and these efforts kept up the pains, which were become languid, in consequence of the fatigue sustained by the patient. The head was not at all advanced farther at four o'clock, when I plainly felt the occiput strongly pressed against the lower part of the left ischium, the parietal bones riding one another, the head, which was large, fqueezed to a great length, and one of the ears at the pubes. Perceiving the pains were not strong enough to push the head farther, so as that the occiput might rise from the ischium to the space below the pubes, and the forehead turned back into the hollow of the os facrum; and knowing that I could eafily affift and alter the position with the forceps, I thought it was pity that the mother and child should run any farther risk; and ordering her to be put in bed naked, I applied the instrument, and delivered the child, as in Col. XXVI. No 2. Cafe 3.

CASEV.

In December 1750, a woman had been in labour of her fecond child, for many hours after the os uteri was largely opened, and the membranes had broken, and the midwife had affured affured the friends, that the head would be delivered by each successive pain. At length, however, the patient's strength beginning to fail, they fent for me at theer in the morning, when I found the child's head low down, pushing out the parts in form of a large tumour, and the scalp very much tumified.

After having tried in vain to affift the birth by gently dilating the os externum during feveral pains, I directed the patient to be put in a fupine posture, and as she was very weak, fat down with a refolution to deliver either with the forceps or crotchet; for I found it was wrong, as well as impracticable, to bring the child by the feet. The head was fo large, and compressed into such a lengthened form, that I could not push up my finger at the pubes, to feel the ear or neck; neither could I distinguish the situation of the head by the futures, because the fealp was so much fwelled: nor could I move the head upwards, in order to feel the upper parts, fuch as the ear, neck, or face. But supposing, from the touch of the lower part of the head, that one part pressed more against the lest ischium than the right, I concluded that the forehead was at the right fide of the facrum, and the occiput stopped between the ischium and groin.

In this persuasion, I introduced one blade between the child's head and the mother's right groin, and the other at the left fide of the facrum, along the ears; then locking the handles, I tried to turn the forehead more

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backwards, but could not, until I had pulled the head a little lower, when I delivered, as in Col. XXVI. No 2. Case 1.

C A S E VI,

In the January following, my affiltance was folicited in a case of pretty much the same nature. The woman was greatly fatigued and exhaulted with labour, the child's head was compressed to a vast length, and so pussed, that I could not diffinguish its true position; nor could I raise it so as to examine higher up. Nevertheless, as it was very low, I suppofed that the ears were towards the fides of the pelvis: and having laid her in a fupine posture. I introduced the forceps, infinuating one blade on each fide, as usual. But the head stuck so fast that I could not move it lower; then I attempted to turn it to the right fide of the facrum, imagining the forehead might be to the left, as I had mostly found it; yet here also failing in my endeavours, I turned the other way, when it yielded with great case, and the vertex coming out below the pubes, the head was brought along, and delivered without further difficulty.

One blade of the forceps was fixed before the left ear, and over the temple of that fide, and the other behind the right ear and lower jaw; the impression was deeper than usual, but not such as to do any injury to the child.

N. B. In the two former cases, I first of all tried to move the occiput downwards, and

turn the forehead back to the facrum, with one blade of the forceps.

NUMB. II, CASE L

From a small or distorted PELVIS, when the Child's Head is low.

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My attendance was befpoke to a woman who had before loft a child, which was supposed to have been too large to pass through the pelvis; for she was of a small make and stature.

In January 1748-9, she was taken in labour when I happened to be engaged, so that I was obliged to send a midwife to attend her; and before I could see her, the membranes were broken, the os uteri was largely open, and the head squeezed into the middle of the pelvis, in form of a cone or sugar-loaf.

The midwife had kept her mostly in bed to prevent her being fatigued, and I advised her to continue in the same situation, until she complained of being weary of that position, and of violent cramps in her limbs. Then getting up, she walked about the room, and took her pains fometimes standing and fometimes fitting: though I defired the would not fatigue. herfelf by walking or standing too long, nor force down, except when the pains were strong. In this cautious manner she was managed all night, during which she rested at intervals upon the bed, until she was compelled to rife by the violence of the cramps that feized her as the lay; and as I examined every

every now and then, I found the head advance by little and little, every third or fourth pain, which was stronger than the rest. At fix in the morning, the vertex was pressed down to the lower part of the pelvis, below the right ischium; but at eight it had made no further progrefs, though it was fqueezed to a great length, and the parietal bones rode one another. By this time the patient was very much fatigued, her pains were become weaker, and at fmall intervals fhe was subject to retchings. which, however, supplied the defect in the labour-pains, by forcing the head fo low as to protrude the perinæum and adjacent parts, in form of a large tumour. I waited some time, in hope that this extraordinary affishance would deliver the child: but the patient being fuddenly feized with a fainting fit, I thought it was high time to have recourse to a more effectual expedient; and the child's left ear being to her left groin, and the forehead at the left fide of the facrum, I moved her breech to the bed-fide as she lay on her left fide, introduced the forceps along the ears, as in Collect. XXV. No 2. Case 1. and in that manner fafely delivered the woman of a live child, which had been retarded by the smallness of the pelvis, though it was not at all distorted.

CASEIL

In the year 1750, I was called by a midwife to a woman of a small stature, about ten in the morning, when I found the vertex at the lower part of the left ischium, and the head squeefqueezed into a longitudinal form, as in the preceding case; as for the waters, they had been draining off for some time before I arrived.

The patient being pretty much exhausted, was put in bed; and as she had been seized with a loofeness at the beginning of labour, and enjoyed no sleep the preceding night, I prescribed an anodyne mixture of Tinet. Thebaic. gut. xv. & Syr. e Meconio iij. in Aq. Simp. 3vB. of which the took two spoonfuls immediately, to be repeated occasionally until rest should be procured. This prescription had the defired effect; and next morning about eight, I was called, and informed, that although the pains had been stronger, the head was very little advanced. I now felt the vertex had made fome progress; the occiput was turned below the pubes, and the forehead to the facrum, though not fo low as that I could affift with my fingers in the rectum or at the fides of the os coccygis. The pains were likewise become weaker, and the patient's strength began again to fail. The child's ears being by this time to the fides of the pelvis, and nothing wanted but pains to promote the birth, I directed her to be placed in a fupine position on the bed, and with the forceps delivered her of a dead child, a seeding set is

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C A S E III.

In the year 1749, I was called by a midwife to a woman who had been fickly from her infancy, and very much distorted. The 366

membranes had been broken and the waters discharged several days before the was in labour; and the midwife, who had attended her fince the preceding morning, affured me she had been in strong labour for four-and-twenty hours. I found the vertex prefenting, the mouth of the womb fully opened, and the head down to the lower part of the pelvis; but when I introduced a finger betwixt it and the pubes. I could not reach fo high as to feel the ear, nor could I distinguish by the sutures the right fituation of the head. Nevertheless, the patient being weak and low, I directed her to be laid across the bed, in a supine position, and introducing the forceps at random, by the fides of the pelvis, tried by gentle efforts, during every pain, to bring the head lower down; but finding I could not move it without using such violence as might be prejudicial to the mother and child, I withdrew the instrument and resolved to wait a little longer; and as the patient had flept but very little for two nights, and was much fatigued, I prescribed an anodyne draught, by which she procured rest and was refreshed. Then the pains returning, and forcing down the head, fo as to protrude the external parts, I received another call, and found the back-part of the neck at the pubes: from this circumstance, I knew the forehead was in the hollow of the facrum, and that the ears were to the fides of the pelvis; I therefore, after having allowed her to take a few pains, which were weak, confidered, that as the head was fo low down, the affistance

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fistance of the forceps might prove effectual in helping it along; so having placed her in the position described above, I introduced them along the ears of the child, and by pulling gently during every pain, delivered the head, which was squeezed to a great length; but the os externum was so rigid, that half an hour elapsed before it could be dilated so as to let the head pass without laceration.

After delivery, I introduced a finger into the vagina, and found the pelvis so distorted, from the jetting forwards of the upper part of the sacrum, that had the child been large, its life could not possibly have been saved. The head was of a lengthened form, and contorted to one side, and there was a deep impression above the ear. The forceps too, when first fixed, had impressed the forehead, though the mark disappeared in sive or six days; but they made a very inconsiderable impression when they were fixed the second time along the ears.

C A S E IV.

In the year 1744, a midwife called me to a woman, whom she had formerly delivered of a dead child; and she said she had, on that occasion, felt an uncommon bump backwards.

When I examined her, the membranes were broken, and the child's head was funk down to the middle of the pelvis, where it was retarded by a jetting in at the middle of the

the facrum; for, instead of feeling it concave, I found a prominence, as if one of the bones in the middle had been pushed before the rest; and the vertex of the child seemed to be pressed down in a slattened form by the woman's pains, which were strong and

frequent. at w immunistres no odis and thegreat

I was called about three in the morning, and prescribed some innocent things to amuse the patient and her friends, who were extremely anxious; and went away, after having defired that she might not be hurried about or fatigued. I received another fummons about nine, when I found the vertex fqueezed down to the lower part of the pelvis, the woman exhausted, and her pains abated. As I at that time imagined, with others, that in labours the forehead was mostly to the facrum, and the ears to the fides, I caused the patient to be laid across the bed on her back, as in Collect. XXV. No 1. Case 1. and applying the forceps along the head, at the fides of the pelvis, tried, during every pain, to help it along, that the child might not be loft. As the refistance was great, I gradually increased the force, and though the forceps flipped feveral times, I at last delivered the head, by grasping the handles more firmly, and pulling up towards the pubes. But the perinacum was torn by the sudden delivery, because I did not then know how to make the proper turns, and proceed in the flow and cautious manner which I have fince adopted. The child's head was fqueezed into a longitudinal form, flattened OR

on the fides, with a deep impression on the cranium above the ears; and from an indentation on the os frontis, by a blade of the forceps, which had been fixed on that and the occiput, I discovered that the ears were not to the sides as I had imagined.

These impressions had very much galled and inslamed the parts; but, in consequence of proper care, they digested, and the child recovered; and as he grew up, the marks dimi-

nished and disappeared.

I told the midwife and nurse, that the patient's perinæum was cracked, and desired they would not make her uneasy, by informing her of an accident which would be attended with no bad consequences. Accordingly, the parts were perfectly healed in the space of twenty days.

CASE V.

In the year 1747, a midwife demanded my affistance in behalf of a woman, whom she had once before delivered, with difficulty, of a dead child, in the eighth month. In this labour, the membranes were no sooner broken than I received a call, and found the pains strong, the child's head advanced to the middle of the pelvis, and the vertex gradually descended to the lower part of the ischia, which seemed remarkably near to one another. The head being luckily small, and the occiput to the lest ischium, I resolved, after having waited a considerable time, to turn the forehead backwards to the os facrum, on

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the fopposition, that the narrow part of the head would more readily pass between the tichia. Thus determined, I kept the patient on her side, and applied one blade of the forceps at the pubes, and the other at the sacrum, along the child's ears, and with great dissiculty turned the forehead to the sacrum; but before I could deliver the head, I was obliged to alter their position, sixing one behind the left ear, and the other before the right ear, backwards, at the right side of the sacrum.

I attended in another case of this kind, in which I was obliged to open the child's head, on account of its large size.

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Communicated by Mr J—, in a letter dated

The membranes had been broken, and the woman in strong labour for more than twenty hours, and was weak from being overfatigued. After she had taken a few pains, he found the head did not advance; and considered, that although it was high, yet it might be dangerous to wait longer on account of the patient's weak condition. In pushing up his hand into the vagina, he found one ear backwards and above the upper part of the facrum, which projected considerably forwards with the last vertebra of the loins. The head felt also very large, and the forehead was to the right side; he introduced the blades of the short forceps, that

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that were covered with leather; but being afraid that the handles were too fhort, he brought these out, and introduced a longer kind uncovered, which was the kind he had used when he attended me. After he had fixed these properly, he tried several times in vain to bring the head lower. Upon which he refolved to give up that method, and open the head. Finding, however, that the forceps did not flip, but kept a firm hold, he resolved to try and make one effort more; and after pulling with all his strength, and moving the handles of the forceps over the pubes, he got the head delivered; yet not without bending backward that blade of the forceps that was next to the pubes. She was delivered of a dead child about noon. In the evening the feemed to be in a good way, and in a breathing sweat. Next morning she was attacked with a violent loofeness, which he restrained with opiates; but that evening she was comatous, and expired next morning : He supposed the last bad symptom was occafioned by their giving her, without his knowledge, half a pint of rum at two draughts.

As he defired my opinion of this melancholy case, I wrote him the following letter, with

another case of the same kind.

Sir, in South and London, 1749.

I received yours of July the 16th, which I ought to have answered before this time. Since you attended me, I contrived the last forceps with shorter handles, on purpose that

too great force might not be used; and when they are not fufficient, I would then open the head, and extract with the crotchet. No doubt I should perhaps have been tempted even to use as great force as you did when there was fo good a hold; but yet you may confider how much the foft parts of a woman must fuffer, by the bending so strong an instrument against them as the blade you fent me. If you had been fooner called, to prevent the woman's being over-fatigued till the head came lower, there might have been a chance for faving the child. When the pelvis is narrow, and the head large, and fo high that you cannot, or dare not, turn the child, and the woman in danger from extreme weakness, it is right first to try the forceps; but when you find it won't come along with a moderate force, the crotchet must be used; for we ought never to endanger the life of the mother to fave the child.

C A S E VII.

I HAD a case of the same kind some time ago, but not so difficult as your's; the membranes were broken many hours, and the head was forced into the middle of the pelvis. Mr M—rd was sent for, tried the forceps; but having no assistants to hold the woman sirm, did not succeed: then he sent for me, and I was allowed to carry along with me four pupils. The ears were to the pubes and sacrum, the forehead to the left side, and the upper part of the os sacrum jetted in sorward.

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ward. As I could not turn the forehead with my hand a little backward, or pass the blade of the forceps along the ear at that part, I introduced it behind the ear at the fide of the os facrum, and the other at the forepart of the pelvis towards the left groin, and before the other ear, so that the forceps was fixed diagonally on the head, and the fame as to the pelvis. I used a good deal of force, by which I delivered the head, taking care to make the feveral turns in extracting it. The child had been dead many hours; the head was large, and fqueezed of a very long figure; and the parts of the woman very much fwell-She was attacked with a violent loofeness, which was restrained by proper remedies, and the recovered flowly. When the parts are inflamed, and much swelled, the lochia fometimes are obstructed and fall upon the intestines; especially if the patient has been exhausted by a tedious labour.

C A S E VIII.

Communicated in a letter from Mr ATRE, dated Boston, Lincolnsbire, 1750.

THE labour went on in a flow manner, and by waiting patiently, the head, after many fevere pains, was forced down into the pelvis. As the woman lay on her fide, he introduced one blade at the pubes, and the other at the facrum, and pulled with confiderable force during every pain: but the forceps flipping, he was obliged to introduce them again as be-

Vol. H. R. fore;

fore; and, giving the forehead a turn backwards, the child was, in two pains more, delivered.

He fent two other cases of women who had been long in labour in their first children: the ears were towards the pubes and facrum; and one of the women was very fat, and about forty. He delivered both cases safely with the forceps, after finding the pains were going off and the patients turning weak.

CASE IX.

I HAD a case from L——, in 1753, by which the gentleman seems to have been too much in a hurry. After using great force, he delivered the child, which was alive; but the head was too much galled with the blades, and the woman was carried off in a few days by a

purging.

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In another case, the same gentleman tried to deliver with the forceps when the vertex presented, and the forehead was to the pubes: as he was not able to raife the head fo as to turn the forehead backwards, he pulled it along as it presented: finding, that as the vertex pushed out the perinæum, it was beginning to tear, he took off the forceps; and the head was afterwards delivered with the labour-pains, and both mother and child did well.

COLLECTION XXVIII.

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Laborious Cases, in which the VERTEX prefenting with the Forehead to the Pubes of Groin, the Patient was delivered with the Forceps.

[Vide Vol. I. Book III. Sect. 4. Chap. 3. No 2. and Tab. XXI.]

CASE I.

IN the year 1744, I was called to a woman who had been long in labour after the membranes were broken. I found the vertex was down to the lower part of the pelvis; but the scalp being much tumified, I could not diftinguish by the futures the real position of the head. The woman being much exhaufted, the pains weak, and the head low, I thought it was proper to affift the delivery, to prevent her and the child from being in danger. For that end, I caused her to be placed in a supine position, as in Col. XXV. No 1. Case 1. I then, during every pain, dilated the os externum, raifed the head above the brim of the pelvis, and introduced my fingers and hand flattened betwixt the head and facrum, where I felt the back-part of the neck, which informed me that the forehead was to the pubes. Confidering that the difficulty or obstruction of the delivery proceeded only R 2 from

from the wrong position of the head, I first tried to turn the forehead towards the backpart of the pelvis, and, failing in the attempt from the slipperiness of the same, I endeavoured to bring the child footling: failing in this effort also, from the strong contraction of the uterus, I withdrew my hand, and applying the forceps along the ears, used a good deal of force to extract the head as it presented. I brought it so low that I felt the fontanel one inch or more below the pubes; but could not bring it farther unless I had torn the vertex thro' the perinæum and anus, which were now greatly stretched. Then I disengaged and brought down the forceps, and introduced a blunt hook, that had a round button on the end for that purpose, up along the fide of the head and above the chin. With this hold, I pulled down the forehead and face below the pubes, and then delivered the child. This was, at that time, the common method when the head was large, and squeezed to fuch a length as to prevent the forehead's coming out, either with strong labour or the forceps; but the bad consequences that might ensue both to mother and child, made me afraid to continue in this method of practice. For the perinæum was commonly tore, and that part of the child was sometimes so much bruised as to produce a violent inflammation, which destroyed the child; but a lucky incident which happened the year following gave me the hint of a better method, as in the following case. CASE

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A MIDWIFE called me, in the year 1745, to a woman in the morning, who had been most of the night in strong labour. I felt the vertex at the lower right fide of the facrum. Her pains were still pretty strong, although she had lost, both before and after the membranes were broken, a large quantity of blood. I found also the fontanel at the left groin, which affured me that the delay of the delivery proceeded from the forehead's being at that part. The patient being placed as in Collect. XXV. No 1. Case 1. I introduced the forceps along the ears, holding the handles, when fixed, towards the vertex, which was to the right fide of the os coccygis. Then I began to pull from fide to fide; by which means the head advanced a little, but not fo much as to allow the forehead to turn out below the pubes. In repeating these efforts, the forceps flipped off three times; though I did not obferve, till afterwards, that one of the blades, by giving way, was the occasion of their slipping off the head. As I found I could not deliver the head, by pulling either downwards to bring out the forehead, or upwards, because the head would not yield that way on account of the chin's being preffed against the breast, neither did I choose to try the blunt hook, because of the bad consequences attending that method. I was also averse and loth to destroy the child by opening the head. While I paused a little, considering what method I should

take, I luckily thought of trying to raise the head with the forceps, and turn the forehead to the left fide at the brim of the pelvis where it was wideft, an expedient which I immediately executed with greater ease than I expected. I then brought down the vertex to the right ischium, turned it below the pubes, and the forehead into the hollow of the facrum; and fafely delivered the head, by pulling it up from the perinaum and over the pubes. This method fucceeding fo well, gave me great joy, and was the first hint, in confequence of which I deviated from the common method of pulling forcibly along and fixing the forceps at random on the head: my eyes were now opened to a new field of improvement on the method of using the forceps in this position, as well as in all others that happen when the head presents.

CASE III.

In the year 1749, I, with my pupils, attended one of our women in Drury-lane: the membranes had broken in the evening, and she had frequent and strong pains all night. When they fent for me in the morning, I felt fomething like the vertex down at the lower part of the pelvis; and fhe was much in the fame condition as the woman described in Collect. XXV. No 1. Case 1. But we were all mistaken as to the position of the head; for I, as well as the pupils, imagined, that, as the head was so low, the forehead must be turned back

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to the lower part of the facrum; and that, on account of the head's being squeezed to a great length, we could find neither neck nor ear at the pubes. We were likewise mistaken as to the futures, supposing what was called by the ancients the back fontanel, where the lambdoidal croffes the end of the fagittal, was the fore fontanel, which was backwards towards the facrum. I told all prefent, that as the head was so low down, and the delivery retarded by the weakness of the pains, it was fafer for both woman and child to deliver her with the forceps: especially as I was pretty certain of fucceeding without doing injury to either, being certain, as she had formerly quick and easy labours, that the impediment proceeded only from weakness, and perhaps a larger child than usual, which might be in danger of being loft by longer delay. I had her then put in the same position, and applied the forceps in the same manner as in the aforementioned case. I then pulled gently every pain, and the woman being exposed to show the operation, I was furprifed to fee what I imagined the occiput come along from under the pubes, not with hair, but bald and fmooth. Introducing my finger, I now plainly perceived that we had been all mistaken as to the position; for I felt the root of the nose and eye-brows within the pubes. As the head was now fo far advanced. I thought it would be better first to try to bring it along in that manner: therefore I continued to pull along gently; but instead of pulling upwards

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as before, to raife the head from below the os pubis, I pulled downwards, to bring the forehead and face out from below that bone: they accordingly flipped out gradually; and when the chin was delivered from below the pubes. I turned up the handles of the forceps towards the face, pulled the head upwards, and delivered it according to the directions laid down in those cases where the face presents. Vide Col. XXX. No 2. Cafe 1. The woman was not tore; the child's head was fqueezed to a great length, but was neither hurt nor marked with the forceps.

ASE

I was called to a patient by a midwife, in March 1751, who informed me that she had delivered the woman several times, and her labours were commonly tedious from her having large children; but that this was worfe and more tedious than any of the former; for although the waters were a long time come off, and the head had been low in the basin for many hours, fo that she expected every pain would deliver the child, all endeavours had proved ineffectual, and she had sent for me, because she was afraid of both mother and child. She also told me, that she imagiped the head did not present right, for she found the opening at the share-bone, and imagined this was the occasion of the difficulty. On examining, I found it as she had related, and was much pleafed with the midwife's honest behaviour and sagacious remark. I felt alfo

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also the vertex backwards, pushing outward the os coccygis and fundament. Although the pains were much abated, and weaker, according to the midwife's account, yet every now and then she had one pretty strong. As I found her pulse rather low and funk, I ordered her a cordial mixture, and waited with patience to try if the head would advance farther, that the forehead and face might by that means push out below the pubes; but finding it did not advance, and that the pains were not fufficient, I thought it was proper to use the assistance of the forceps. I then had her placed as in the former case, opened the os externum gradually with my fingers, fcooped up the head above the brim of the pelvis, and as I flipped my hand flattened betwixt the facrum and the child's head, I felt with my fingers the back-part of the neck, which more fully confirmed the midwife's opinion and mine, of the forehead's being towards the pubes. After I had brought down my hand, and found no advantage from feveral following pains, I introduced the forceps along the ears, having fixed them, and pressed the handles as far back as the perinæum would allow; and tried to bring the forehead and face below the pubes, by little and little, every pain, but did not succeed. Thus disappointed, I pushed up the head with the forceps to the brim of the pelvis, turned the forehead to the left fide thereof, and brought the vertex down to the lower part of the right ischium; then turned the forehead backwards to the R 5. con

concave part of the facrum, the occiput below the pubes, and delivered the head and body as in the former cafe.

Those cases in which the vertex presents with the forehead to the groin or pubes happen but feldom. If the head is fmall, it is commonly delivered with the labour-pains, because the external parts, viz. from the os coccygis to the frænum labiorum, will frequently stretch down fo much as to allow the forehead and face to come out from below the pubes; and if the pains fall off, and the woman become low and weak, the forceps will affift where the pains are infufficient. But if the head is large and fqueezed to a great length, those parts will feldom stretch so much as to allow the delivery to be performed in that manner, either with the pains or forceps, without the danger of tearing the perinæum, and even fometimes the vagina and rectum, into one cavity: besides, if the head stops there a long time, the child is frequently loft from the long compression of the brain, exclusive of the danger from bruising and inflaming the parts of the woman: to prevent all which inconveniences, it is better to help in time, and deliver, if possible, according to the above method; especially in those cases where you cannot alter the wrong polition with your hand, or one blade of the forceps, or turn the child and deliver by the feet.

1955年1月1965年,第二世代李大师七年。

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Communicated by Dr DURBAN, in a letter dated.

THE woman had been in strong labour for many hours, after the waters were difcharged. As the os uteri was not fufficiently open, he administered opiates from time to time, which refreshed her much; but after waiting a long time, and the woman growing weak and falling into faintings, he tried to dilate the parts during every pain; and at last found, that what obstructed the head's advancing was no other than the forehead's being to the pubes. He then introduced and fixed the forceps along the ears, but could not move or alter the forehead to the fide and back-part of the pelvis; yet, by dint of pulling with great force, he at last delivered the head as it presented. The child was alive, and the mother recovered. But saw bood out and

He fent me an account of two other cases,. in which the head prefented fair; but as the women were much fatigued and weakened before he was called, he delivered each with the forceps, and faved the children as well as the mothers. One of the women was violently cramped in her limbs when he introduced the forceps, and the other was attacked! with a flooding. of the debout oring bearing but to no

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COLLECTION XXIX.

Laborious Cases of Women delivered by the Forceps, the VERTEX presenting, the Ear to the Pubes, and the Head higher in the Pelvis.

CASE K

Was called to a poor woman in the year 1745, who had been deferted by her midwife; fo that I received but an uncertain account of the case. I was told in general, that that she had lost a great deal of blood, and that her midwife had fatigued and wrought on her very much. I found her pulse very weak, her countenance pale, and cold fweats on her extremities. The mouth of the womb was largely opened, the membranes were broken, the head was fmall, and down to the middle of the pelvis, the occiput to the left ischium, and the ear towards the right groin. I was also told that the labour-pains had all along been trifling, and had entirely left her after the waters came off. As the flooding was mostly abated. I ordered her to take some broth or brown caudle to support or nourish her. Having fent for those who were under my instructions, we attended some time to see if the labour-pains would return, but to no purpose. Being afraid of censure if she should die undelivered, I thought it was proper to fupply

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supply the place of the pains by affilling the delivery with the forceps, especially as she had formerly bore children, and the head was fmall. The ears being to the pubes and facrum, I kept her on her fide, and applying each blade of the forceps, brought down the occiput to the lower part of the left ischium, and turned the forehead backwards to the facrum; then I delivered the head by turning the handles of the forceps forwards to the pubes, the thighs of the woman being kept afunder by a thick pillow placed betwixt the knees, at the fame time fupporting the perinæum with one of my hands, to prevent its being tore. Thus the patient was fafely delivered of the child, and afterwards of the placenta; for though she continued long weak, the at length recovered. The child appeared to have been dead two or three days, the lips and ferotum being livid.

CASE II.

In the year 1746, I was called to a woman in Parker's Lane, who, as the people about her alleged, had been in labour eight days: they faid three midwives had attended and left her; that she was very poor, and in a starving condition. I found the head of the child, in time of a pain, pushed down with its vertex to the lower part of the left ischium; but after the abatement of the pain, which was very weak, it was retracted to the upper part. As this was in the middle of the day, I fent for some broth and bread from a cook's shop in order

order to refresh her. I found by her own relations that the midwives had all tried to deliver her by hurrying and placing her in different politions; that she had got little or no fleep for two nights; that the waters came off the preceding day, and her pains had never fince been stronger. Her pulse was weak and low; but on taking a little nourishment she recovered some strength. After having sent, for those who were under my instructions in midwifery. I left her to the care of one of the elder pupils; advising him to keep her quiet in bed, and to give her from time to time a little broth or brown caudle; for although I found the case was such that I could deliver her with the forceps, yet I thought it was better to try if she could be delivered by the labour-pains, which I hoped would grow stronger after she should have enjoyed some refreshing sleep, and her strength should be recruited by nourishment. I was called again about one o'clock next morning, when I understood she had every now and then slept betwixt the pains, which recurred at long intervals, and were still weaker than I expected, confidering that her strength and spirits were much recruited. I found the head was in the fame fituation, and still drawn back as before. After examining more narrowly, I could eafily feel one of the ears at the pubes, the forepart of it being upwards and towards the right fide. Perceiving the head was not large, I told the attendants, that the delivery feemed to be retarded by the contraction of the utee-

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rus before the shoulders and the weakness of the pains, which had not force fufficient to overcome that refistance: that I did not queflion, as she was now stronger, they might in time be sufficient without any other assistance; but I thought it a pity to keep her longer in fuch a fituation, as I could eafily affilt with the forceps, by pulling along the head by little and little every pain, and preventing it from being afterwards retracted. Accordingly L kept the patient on her fide until I applied the forceps, as in Col. XXVI. No 2. Cafe 3. then tied the handles together with a fillet, and turned the patient on her back, as in Col. XXV. No i. Cafe 1. These previous steps being taken, I pulled gently during every pain, until I brought the head a little lower, and could turn the forehead from the right fide of the pelvis to the facrum: After this change was effected, I continued to affift and bring the head lower; and the parts below were gradually pushed out with the head in form of a large tumour. This being the woman's first child, the frænum felt very rigid, and was stretched with difficulty; and the perinæum and parts about the fundament and os coccygis felt still very thick. As I continued to keep down the head and affift by pulling during every pain, these parts were more and more stretched, and became thinner; and the os externum was at last fo much dilated, as to allow the head to pass and be delivered, as described in the last-cited case: but more than half an hour elapsed af-

389 CASES IN MIDWIFERY.

ter the head was brought low down, before the os externum was fo much dilated that I durst venture to pull up the head from the perinæum, which I was afraid every time I pulled would crack and give way; for it was now as thin as a piece of parchment at the edge, and was lengthened to more than three inches.

CASE III.

I was called in the year 7749, about feven in the morning, to a woman near the Seven Dials. The midwife told me, that when she was called the preceding evening, she had found her in pretty strong labour-pains; that about twelve the waters came off; immediately after the discharge of which the patient was thrown into violent convulsions. which went off and returned three or four times: and she had dozed and lain stupid betwixt the fits. I examined, and found the head of the child lying much in the position described above; only the head was lower down, and the occiput to the under part of the right ischium. I could also plainly distinguish the lambdoidal crossing the end of the fagittal future, the head fqueezed to a longish form, one of the parietal bones riding over the other, and the fontanel up at the middle of the left ischium. During the time of my examining the was thrown into a fit, which lasted near a minute, and acted much the same as a labour-pain, by pushing the head a little lower, though it returned gradually to the fame

fame place, as the violence of the convultion abated. The midwife had not observed this circumstance in time of the former fits, but told me that it had continued in that position without advancing for two or three hours. As the woman's pulse was quick and full, I ordered her immediately to lose eight ounces of blood; and defired the midwife to fend for me if the convultions should return and the delivery be much longer delayed. The woman was now quite insensible, and did not feem to answer or take notice even when we called to her aloud. I was again fent for about nine, when the midwife informed me that the fits had returned oftener and with greater violence. I found the head in the fame position, but about an inch lower, and I now could feel the ear at the pubes. I tried to stretch the os externum gradually every now and then, to fee if it would bring on a labour-pain, but to no purpose. In about twe: y minutes she was attacked with another fit, hich was very violent, continued longer than the former, and had much the same effects. I then confidered, that although it was probable the repetition of these fits might act in the fame manner as labour-pains, and deliver the child, yet the continuance of them. might still more and more endanger the life of the woman. Therefore I easily stretched the os externum as she lay on her side, and introduced the forceps as in the former case; and as I found the head was large, I also tied the handles of the forceps, and turned her on her

her back. After I had brought the forehead to the hollow of the os facrum, and was beginning to deliver the head in a flow manner, the was attacked with another fit; and as the os externum eafily yielded, the was fafely and foon delivered. The fits did not return; the fell into a plentiful fweat. The ftupidity gradually wearing off, the next morning recovered her fenfes, and was agreeably furprifed to find herfelf delivered and the child alive.

CASE IV.

In the year 1750, I was fent by a relation to fee an unfortunate woman, who was pretty old, and in labour of her first child. She was in a low and weak condition, partly from grief and anxiety, and partly from having been excessively fatigued by the midwife, who wanted to hurry over the labour as foon as possible. The membranes had broken the preceding day, and it was now about five in the morning. I found the head presenting, and down to the lower part of the pelvis, though it had not begun to push out the soft parts in form of a tumour. I could not diftinguish the pofition of the head from the futures, the hairy fcalp being fo much swelled. However, I judged that the forehead was to the left fide of the pelvis, from feeling a part of the head pressed strongly against the lower part of the right ifchium, and floping upwards to the middle of the left: I could but just reach the tip of the ear at the pubes with my finger, the head and the torceps, ded turned bur of

head was fo large, and fo strongly compressed

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I was informed that the pains had been very ftrong, though now they were weak, and recurred at long intervals. Her pulse was funk, and fhe was taken with faintings and fickness at her stomach, which produced violent retchings. Thefe, however, supplied the place of labour-pains, and affifted the delivery by forcing down the head. To encourage these efforts, as well as to recruit her strength, I directed her to drink every now and then a little warm wine and water; and in this manner she proceeded for about an hour, when finding the head had made but small progress, and being afraid that her spirits would fail, I thought it was most expedient to call in the affistance of the forceps. After having gradually dilated the os externum, as she lay on her left side, I tried to introduce my finger between the head and the pubes to the os uteri, in order to guide the point of the blade; but finding there was not room for both, and being afraid of hurting the bladder, I turned her on her back, so as that she lay in the same position and was supported in the fame manner described in Collect. XXV. No 1. Cafe 1. with this difference, that as the feafon was very fevere, I ordered a vessel with hot water to be placed under the bed-fide, that the warm steams might mitigate the cold, to which she was more exposed in this than in the other position.

Having fully opened the os externum, Iturned the back of my hand down towards the fa-

crum, and raifed or fcooped up the head gent. ly to the upper part of the pelvis; and now with my fingers I felt the right ear backwards, and the posterior part of the neck at the right fide; and distinguished that the pelvis was not distorted, though the head was large and squeezed to a great length. Thus informed. I introduced one blade of the forceps at the backpart before I withdrew my hand; then infinuating the other at the left fide towards the left groin, I moved it gently to the space below the pubes, and over the child's ear. The instrument being locked, I preffed the occiput from the right ischium with two fingers, while I gradually turned, as I pulled, the forehead backwards to the facrum, and delivered the woman with the same precaution I had observed in the fecond case of this collection.

CASE V.

In the year 1745, betwixt eleven and twelve at night, I was called to a woman by a midwife, who told me the patient had been two days in labour; that the waters had been difcharged the preceding day; that there was a cross-bone, which prevented the child's head from coming along, and had been the occasion of her losing two children before; and that, as the pains were grown weaker and the woman was much fatigued, she had defired the relations to demand my affiftance. I found the head pretty nearly in the same position as that described in the former case, though higher up; but as I did not think the woman in great danger, Cemena

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danger, and learned from the different accounts, that she had been put too soon upon labour and was over-fatigued, I defired she would lie quiet in bed, without forcing down, except when she was obliged by the pains. She complained of great pain at the juncture of the offa pubis, as well as behind, where the offa innominata join the sacrum; and her pulse being low, and the labour-pains weak, I prescribed the following cordial and anodyne mixture.

B. Aq. Cinnamom. Simp. 3v6. Pulv. Castor. gr. x. Sal volat. C. G. gr. vi. Syr. e Meconió 36. M. Sumat. Cochlear. 11 statim, et repet. omni semibora.

In consequence of this prescription, she lay quiet and slept between the pains, fo as to be much recruited by fix next morning, when I received another call. The head seemed to be but small, although it was squeezed down to a conical and flat form. As the had formerly lost two children, I resolved to attempt the saving of this, especially as I could easily feel the ear at the pubes. Having gently dilated the os externum with my left hand as she lay on her left fide, I raised the head to the brim of the pelvis, and with my fingers felt that the whole obstruction proceeded from the projection of the upper part of the facrum with the last vertebra of the loins: at the same time I felt the back-part of the neck at the right fide.

After I had withdrawn my hand, I waited fome time to see if the pains, which were but weak, would force the head lower down; but finding

finding it did not advance. I introduced one blade of the forceps at the right fide of the facrum, along the back-part of the child's right ear, in order to avoid the projection of the last vertebra of the loins, then infinuated the fecond blade before the left ear, at the left groin of the mother, and as I brought down the head, I turned the forehead to the facrum. This alteration being effected, I unlocked the forceps, and fixed them over the ears to prevent the child's head from being marked at the temples: and pulling flowly during every pain, fafely delivered the patient of a live child.

CASE

In the year 1751, I affifted in a fimilar case. The woman was taken in labour, and began to flood violently; but the discharge abated when the membranes broke: and the patient being weak, I delivered her pretty much in the manner described in the preceding case.

C A S E VII.

In the year 1753, my attendance was bespoke to a woman who had been ricketty in her youth, and was very much distorted. The labour at first proceeded in a gradual manner, the membranes pushing down and dilating both the os internum and os externum before they broke; but after the waters were discharged, the pains ceased for some time. Upon examination, I found the pelvis was narrow and distorted; and with my finger felt the prone

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projection of the last lumbar vertebra: the pains, however, gradually returned and grew stronger, and the child's head advanced flowly. I did not confine her to any particular position. I had been called at ten o'clock at night: the membranes broke about four in the morning; at six in the evening she began to be very much fatigued: by this time the head was squeezed into a conical and flattened form down to the lower part of the pubes; and I found by the sutures that the forehead was to the right ischium. I now confined her to her bed, that she might not be over-fatigued; and she took her pains, lying sometimes on her back and sometimes on her side.

About three o'clock in the morning the head, squeezed to a great length, had advanced to the lower part of the pelvis, where it was fo firmly locked, that I could not introduce my finger at the pubes, to feel the ear. But the patient being exhaufted and weak, I introduced the forceps in the manner described in Case V. and tried to move the head so as to turn the forehead to the facrum. These endeavours proving ineffectual, I withdrew the instrument, and waited till about fix o'clock, when the head was pressed a little lower down; then having recourse to the forceps again, I fucceeded, and fafely delivered the woman, as in Case II. and V. yet she complained very much of the diftention and contusion of the parts. As for the child, it was dead; and its death, in all probability, occasioned by the long compression of its brain. Its head was fquee_ fqueezed to a very extraordinary length; a circumstance from which I at first imagined it was lower in the pelvis than it afterwards appeared to be.

C A S E VIII.

A midwife, who had formerly attended a woman of a fmall fize, in a labour which had been very tedious from the difficulty in bringing along the head of the feetus, which was still-born, the head being compressed to a prodigious length, and the woman's life greatly endangered; in order to avoid censure, and prevent as much as in her lay the bad confequences that might attend her fecond labour, the had recourse to my affistance. The patient being a poor woman, I went, accompanied by three of my pupils, and found the child's head pushed down but a very little way into the pelvis, the forehead refting upon the left fide of the upper part of the os facrum, and the hindhead against the right groin. We likewise felt the fagittal future running along towards the left of the os facrum, and the hairy scalp of the fœtus very much tumified.

The patient being laid on her back, and her breech brought to the bed's feet, I opened the os externum flowly, and pushing up my hand along the side and posterior part of the pelvis, felt the lest ear of the child, by which I knew the forehead was towards the back, though a little to the lest side of the woman: I at the same time felt the upper part of the sacrum and lowest vertebra of the loins projecting so far

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forwards as to reach within three inches of the offa pubis. The pains being still pretty strong, I waited fome time to fee if the head would advance, but it made not the least progress: the pains and patient grew weak, and the uterus was strongly contracted. As the former child had been loft by the long preffure on the brain, I refolved to try the forceps; and should that method prove ineffectual, as I feared it would, to open the head and deliver with the Having therefore introduced the fleel extractors, which on this occasion I preferred to those made of wood, I fixed them along the fides of the ears; and pulling downwards, at first, with a good deal of force, when I found the head descend to the lower part of the pelvis, I turned the forehead into the hollow of the os facrum, fo that the hindhead came out from below the os pubis: then directing one of my pupils to press the flat part of his hand against the perinæum, which was very much diftended, I raifed up the forceps, and pulled the head half-round, forwards and upwards, on the outfide of the pubis. I afterwards delivered the body of the child, which was of a finall fize, and the lower parts were besmeared with meconium. One blade of the forceps had been fixed along the fore-part of the ear, and rested on the temple, while the other extended along the back of the left ear to the cheek; and the impression which they made was very inconfiderable. As for the woman, she recovered much better than I could have expected. When I afterwards introdu-Vol. II. ced

ced my hand to deliver the placenta, it went up with difficulty; and I was then confirmed in the opinion that the distance between the projection of the lower vertebra of the loins and the os pubis did not exceed three inches.

I had before this occasion contrived a particular kind of wooden forceps, with which I had delivered three patients; but I now substituted steel covered with leather in the room

of wood, which is not so durable.

COLLECTION XXX.

Of laborious Cases from the Presentation of the Forehead or Face, in which the Women were delivered by the Forceps.

[Vide Vol. I. Book III. Chap. 3. Sect 4. No 4. and Tab. XXII. XXIII. XXIV. XXV. and XXVI.]

CASE I.

In the year 1748, I was called by a midwife to a woman in Windmill-Street, who formerly used to have very quick labours; but this had been very tedious, from the wrong presentation of the child's head. The midwife told me she felt something like the eyes towards the patient's left groin. When I examined in time of a pain, I found her information true, and that the forehead presented, with the face to the left side and the fontanel to the right. In this situation I understood it

had stuck for a long time, without making the least progress, although the pains had been

strong and frequent.

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While she lay on her side, and took several pains, I considered the case at leisure. As the pelvis was large, I resolved, if possible, to alter the position of the head; and should I sail in that attempt, turn the child and bring it footling. But, after having dilated the os externum so as to admit my hand, I found all my efforts inessectual, either to raise the forehead to the lest-side of the pelvis, that the vertex might come down to the other side, or to return the head into the uterus, so as to deliver it by the seet; for the uterus was so strongly contracted as to foil all my attempts.

Thus baffled in these endeavours, I introduced one blade of the forceps along the left ear at the pubes, and the other on the oppofite part at the facrum; and began to turn the face backwards to the left fide of the facrum. that the vertex might come out from below the pubes: but recollecting that the vertex would be turned fo far up between the shoulders as to render the delivery difficult, I reduced the face to its former fituation at the left fide; and bringing the head by degrees lower and lower, very eafily turned the face and chin to the space below the pubes: then holding the handles of the forceps towards the patient's belly, delivered the child, whose forehead was raised in a conical form, while the back-part of the parietal and occipital bones were squeezed flat. I tried with my hands to S 2 mould

mould it into a better shape; but it had been so long compressed, that I could not alter the form.

CASE II.

In the year 1749, I attended in a case where the face presented. The waters had been several hours discharged, and the midwife told me, that the head had stuck a long time in that position without advancing in the least. When I examined, I found the chin to the lower part of the pubes, and the forehead to the os facrum. The patient being greatly fatigued, and the force of the pains very much abated, I resolved to assist as soon as possible with the forceps, in order to deliver the child, which I knew to be alive: for, in examining the fituation of the head, my finger flipping into the mouth, I felt it move its tongue and lower jaw; though I did not mention this circumstance to the mother, that she might not be overwhelmed with anxiety, in case it should be afterwards still-born.

The ears being to the fides of the pelvis, I caused the patient to be laid supine across the bed, as in Col. XXV. No 1. Case 1. and having gradually dilated the os externum, endeavoured to introduce the singers of my sight-hand to the os uteri, at the left side of the pelvis; but I could neither reach that part nor raise the head to make more room for my singers. Then I tried to infinuate a blade of the forceps, between the head and my singers, in an imaginary line, with the scrobiculus cordis:

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dis; but finding a confiderable refistance, and being afraid that the blade would pass on the out-fide of the os uteri, I withdrew the instrument. However, after two or three trials, in which I kept the point closer to the head of the child, I effected my purpose, and introduced the other blade on the opposite side in the fame flow and cautious manner. Then locking and tying the handles together with a fillet, I began to pull during every pain, and as I pulled with my right-hand I preffed down the chin with two fingers of my left. The perinæum and parts below were now pushed out in form of a large tumour: the anterior part of the neck being brought down to the lower part of the pubes, I turned the handles of the forceps towards that bone, pulled the head upwards fo as to raife the parietal and occipital bone from the back-parts, and bring them flowly with an half-round turn upward through the os externum; and, at the fame time, I kept my left-hand firmly preffed against the perinæum, in order to prevent its laceration. I afterwards delivered the body of the child, whose face was lived and very much fwelled, though the ecchymofis went off as the tumefaction fubfided. The form of the head, which was fqueezed to a great length, I altered a little, by preffing the vertex and forehead between my hands.

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CASE III.

In the year 1746, about nine o'clock in the morning, I was called by a gentleman who S 3

had formerly attended my lectures, to a woman in labour, and found the child's face prefenting. He told me a midwife was employed to deliver the patient, but his attendance had been befpoken in case any extraordinary incident should intervene; that the case having turned out a preternatural position of the head, his assistance was solicited, and he had that morning made several unsuccessful attempts to raise it into the uterus, and bring

the child by the feet.

As I could not accompany him immediately to the place, the midwife, in the mean time, called in another practitioner, who, when I arrived, proposed that the woman should be delivered with the whalebone and fillet. Upon examination, I found the face prefenting, about two-thirds of the head down in the pelvis, which I concluded to be large, because her former labours had been quick and easy, and the chin at the lower part of the right os ischium. I therefore gave it as my opinion that the might be eafily delivered with the forceps; but defired the other gentleman to take his own way, if he thought it a better expedient. Upon his declining the talk, and the other's request that I would lay the woman, I caused her breech to be moved to the forepart of the bed, as she lay on her right side, and a pillow to be placed between her knees, which were held up towards the abdomen. These previous steps being taken, I introduced the fingers of my right-hand up to the vagina, between the child's head and the os facrum,

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crum, until I felt the os uteri, and infinuated one blade of the forceps along the ear, holding the handle down towards the chin, that the blade might go up in a line to the vertex, which was above the brim of the pelvis to the left fide. As the point passed the os internum, I withdrew my left-hand, to allow room for turning the handle backwards to the perinæum, that I might the more easily push the point forwards, and follow the convexity of the facrum. Taking hold of the handle with my left-hand, I introduced the fingers of my right betwixt the pubes and the child's head, to the os uteri, and infinuating the other blade betwixt the head and my fingers, gently pushed it within the mouth of the womb; but as it met with some difficulty, I withdrew my fingers to give more room, and preffing the point closer to the head, introduced it flowly and with great caution, that the bladder and os internum might not be bruifed.

Both blades being thus introduced in the fame direction, and the handles locked together, I pulled gently, moving the head from ear to ear, until it was brought lower down into the pelvis; then, with the affistance of two fingers pressed above it, I turned the chin and anterior part of the neck forwards, from the lower part of the right ischium to the space below the pubes, so that the forehead was at the same time turned from the left ischium to the lower part of the sacrum and coccyx: Iastly, I moved the handles towards the pubes, and delivered the woman of a child, whose face

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was fwelled, and whose head was compressed like that described in the former case: the long compression had rendered the arms paralytic for several days, though this misfortune was foon remedied by friction and embrocations.

CASE

In about two months after the foregoing case happened, I was called by a midwife to a woman in labour, and found the child's face prefenting, and fo excessively swelled, that I at first mistook it for the breech; but, on further examination, I felt the mouth and chin towards the facrum, and the fontanel at the

pubes.

The midwife told me, that the waters had been long discharged; that notwithstanding a fuccession of strong labour-pains, the head had made no progrefs for feveral hours; and that as the pains had greatly abated, she defired the relations to demand farther affiftance: at the fame time she gave me to understand that the woman's former labours had been quick and

cafy.

Her strength and spirits being exhausted, I encouraged her with hope, and refreshed her with a glass of warm wine; then directing them to place her in the position described in the fecond Case of this Collection, I gradually dilated the os externum. This dilatation being effected, I introduced the fingers of my right-hand between the facrum and the chin, and raifed the head to the upper part of the pelvis;

pelvis; but found the contraction and refiftance of the uterus fo great, that I could not possibly turn the child and bring it by the feet. I then introduced the blades of the forceps along the ears, holding the handles as far back as the perinæum would allow, that the blades, being in a line with the middle space between the umbilicus and scrobiculus cordis. might be nearer the vertex, and have a better hold of the head. Having locked the handles, I endeavoured to bring the head lower down, but could not move it; then I tried to turn the chin, first to one side, and then to the other; failing likewise in this attempt, I pushed up the head, moving from blade to blade, and turned the chin to the upper part of the left ischium; but as I again endeavoured to bring down the head, the chin stuck so fast that I was afraid of straining the lower jaw, and obliged to push up the head a second time with the forceps. I now introduced two fingers above the chin, and pulling the forceps with my left-hand, brought it down to the lower part of the ischium, and turned it with the fore-part of the neck to the space below the pubes; then standing up and pulling the handles towards the abdomen, delivered the head, which was greatly tumified. Nay, after the body was delivered, the child lay a long time without breathing or giving any figns of life.

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In the year 1752, I was called to a woman S 5

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who had been long in labour, and found the face prefenting with the chin to the lower part of the facrum, though a little to the left fide; indeed, the face was fo low down, as to protrude the parts of the woman in form of a tumour; and her pains were by this time much weakened. The weather being extremely cold, I allowed her to continue lying on her fide, though a fupine position would have been more convenient; and caufing her breech to be moved a little over the bed-fide, while her head and shoulders lay towards the other fide, I introduced the forceps, as in the former case: but finding it impracticable to raife the head, I was obliged to pull it along in the time of every pain, as it presented. The parts between the coccyx and os externum were gradually extended by the face and forehead of the child, and at last yielded, so as to allow the vertex to come out from below the pubes; then turning the handles of the forceps towards the bone, I delivered the woman fafely of a dead child, which was, in all probability, loft by the long compression of its head in the pelvis. ndonial and read of the and

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